The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FOUR NUMBER SEVEN

JULY, 1938

"A Higher Learning"

In the gay sunshine of a May morning, the Convocation of the McGill University was held in the open air, under the great elm trees. As the long academic procession moved along the winding pathways, the band of His Majesty's Canadian Grenadier Guards, gorgeous in scarlet tunics, struck up a lively air. By a happy coincidence, the students of the McGill University School of Nursing led the way, followed by the five hundred graduates of the Schools in this great University. Next in order were the members of the faculty, Marion Lindeburgh among them. Then came those appointed to receive the highest honour within the gift of the University, the Degree of Doctor of Laws, *honoris causa*, the flaming crimson of their academic robes making a striking contrast with the fresh green foliage. In this distinguished company were the Minister of Justice for the Dominion of Canada, the head of a great American University, a fearless leader of Jewish thought, our beloved Dr. Wallace, principal of Queen's University and one woman—a nurse—Mabel Frances Hersey.

In presenting Miss Hersey to the Chancellor of the University, Dr. W. W. Chipman, said:

I have the honour to present to you, for the Degree of Doctor of Laws, *honoris causa*, Mabel Frances Hersey, O. B. E. (of the Most Excellent Order of the British Empire).

The health of mind and body is a fundamental need; its attainment a chief aim in any education. In our struggle to survive, this health knowledge is indeed a higher learning, and in that curriculum the Science and the Art of Nursing must always find a place. To this nursing education, Miss Hersey has devoted the years of her working life. She has done much to improve and to extend the service of this great profession. Hers has been a large and signal contribution, already recognized, not only in her own country, but also far beyond our gates. To-day, in honouring Miss Hersey and her profession, our University, in very deed, confers an honour upon itself!

Every Canadian nurse will read these

words with mingled humility and pride. We owe a deep debt of gratitude to the distinguished physician who spoke them with such evident sincerity and understanding. To Miss Hersey herself their very simplicity must have been profoundly satisfying—the end which crowned the work of her long career.

Even though she is an international figure, Miss Hersey belongs in a special sense, to her own Hospital and her own School. The president of the Alumnae Association, Miss Grace Martin, who for ten years has rendered outstanding service as Miss Hersey's assistant, has at the editor's request prepared for the *Journal* this tribute from her own nurses:

During a term of office extending over thirty years, Miss Hersey has watched our Hospital develop into the great institution which it is to-day, and in that time and under her leadership, the School of Nursing has kept pace.

Her quiet dignity and delightful sense of humour has endeared her to us all. A strict disciplinarian, who commanded the full respect and loyalty of her associates, she will nevertheless be remembered more as a guide, a counsellor and friend. Her broad outlook and rare understanding made it possible for the most junior nurses to approach her with their problems in the full knowledge that they would receive a fair and sympathetic hearing. Her substantial aid and wise guidance have helped many ambitious students to reach their goal, and her graduates have carried the colours of the Royal Victoria Hospital to the far corners of the Empire, bringing credit and honour to their School. Though it is difficult to envisage the Hospital without her, she has set a standard which time cannot dim and towards which we shall constantly strive. She will be missed by her staff and her student nurses, all of whom regard her with a deep and lasting affection. We gratefully acknowledge all that we owe to her and we hope that she may long enjoy the leisure she has earned so faithfully and so well.

The frontispiece in this issue of the *Journal* is a fine portrait of Miss Hersey, wearing her academic robes. In the less formal picture, which appears below, and was taken by one of her own graduates, Miss Katherine MacLennan, Miss Hersey is seen at the actual moment of investiture. Here indeed is history in the making and the *Journal* is proud of the privilege of being permitted to record it.

The Epidemiology of Tuberculosis

R. P. Dow, B.A., M.D., D.P.H.

Bacteriologist, Alexandra Hospital, Montreal

The injunction to see life steadily and see it whole is particularly difficult in trying to get a true comprehensive picture of the problem of tuberculosis. We are the victims of our own limited perceptions. Our own personal experience being but a fraction of the whole, we tend to wander far astray in trying to reconstruct the whole from our fragment. It is like trying to reconstruct the skeleton and external bodily appearance of a pre-historic animal from the finding of the malleus from the right middle ear! Here even more than in other things, one would want the god-like attribute of a good space-time sense. What has been the natural trend of the disease over a period of many years? Have any of our anti-tuberculosis efforts influenced or modified this trend in any way? Does tuberculosis constitute a greater or less problem today than twenty years ago? If we are not further ahead, is it because our measures are ineffective *per se*, or because our measures are applied on so small a scale that the mass of the problem is left untouched?

These questions could best be answered by a person capable of fourth dimensional thinking of a high order. Failing such supermen, however, we must needs fall back on the statistical method. And again we groan at human inadequacy. To be of any value, reporting of the disease must be complete. This hinges upon two things:

1. A central agency or authority charged by the State with the duty of collecting and distributing all information regarding tuberculosis in its territory—new cases annually; total number of active known cases; death; number of contacts; incidence of tuberculosis according to occupation, age and sex; sanatorium beds available for treatment; re-habilitation; number of re-activated cases following discharge from sanatorium; etc.

2. Criteria for the early diagnosis of cases.

It may therefore be said that any attempt at seeing the problem of tuberculosis as it exists in the Province of Quebec, steadily and seeing it whole, is impossible at the present time, and that any attempt at seeing the problem of tuberculosis steadily and seeing it whole anywhere is made very difficult because of inadequate methods of early diagnosis.

The fly leaf of Osler's famous textbook on Medicine bears this quotation from Hippocrates: "Experience is fallacious and judgment difficult." Add to that another equally familiar quotation: "Knowledge comes but wisdom lingers", and we are ready to make what analysis we non-fourth dimensional humans can attempt.

In 1881, Robert Koch, writing an article on the "Investigation of Pathogenic Organisms", began as follows: "Up to the present time hygiene has been able to gain but little advantage from the recent strides in our knowledge of the pathogenic organisms." He declares that this lack of progress is: "due to the fact that the greater number of questions relating to pathogenic organisms which have to be considered from the point of view of practical hygiene can only be solved by means of trustworthy methods of separating different kinds of organisms from one another; for as far as hygiene is concerned,

we have not merely to discover whether this or that soil or drinking water contains *bacteria in general* but whether among the micro-organisms present there are any which can produce disease." In 1884, Robert Koch himself performed the necessary step of isolating from tuberculous lesions the causative organism. His opening remarks are of extreme interest to us in 1938 when we have lost our time-perspective view of tuberculosis. He says "the attempt has again and again been made to prove on the evidence of collected clinical observations that phthisis is contagious, but the theory thus supported has met with *no acceptance in the scientific world!*" It is clear then that we humans can accept only a casual chain of events which can be demonstrated within a space-time unit within our personal perceptual capacity. Koch demonstrated clearly once for all that the tubercle bacillus is the cause of tuberculosis because this bacillus can invariably be isolated by suitable methods from tuberculous material; it can be grown outside the body in artificial media for several generations and the growth from the last transplant will produce typical tuberculosis in suitable animals. It would then seem that the power of controlling the disease lay in our hands, from that moment in 1884. *All one would have to do would be: find the cases, isolate them and destroy all their discharges.* So easily said, so impossible, apparently, in execution! But we know that we do not find all the cases and that we do not even isolate all the cases we find, for we have not beds enough. Nor do we destroy all their discharges—not by a long way!

Reading further in this one hundred and thirty-four page article by Koch on the discovery of the tubercle bacillus, we find the following: "Numerous experiments have shown that the inhalation of scattered particles of phthisical sputum causes tuberculosis, with absolute certainty, not only in animals easily susceptible to the disease but in those also which have much more power of resisting it. The tubercle bacillus will survive for long periods of time in dried sputum. So that particles of infected sputum accidentally falling on bed linen, the outside of cups, etc., dry and being pulverised, present as dust particles charged with living bacilli in the air to be inhaled by anyone who happens to be present." Towards the end of his momentous paper, Koch says " . . . there does not appear any great prospect that we shall succeed in finding a therapeutic means of dealing with the parasites in the body . . . It seems to me that the time has now come to adopt *prophylactic* measures against tuberculosis." That was in 1884.

Surveying our fragmentary statistical information, what picture do we form—remembering always to be modestly critical of our deductions? We find that tuberculosis is intimately bound up with the structure of our society. More poor people die of tuberculosis than do rich people. (In Vienna, in 1913, the death rate among the poor was five times the death rate of wealthy people. (League of Nations Report.) In Germany, in 1913, the death rate was 157 per 100,000; in 1918, after the War, it was 287 per 100,000. Here in Montreal, there is evidence that the effects of the depression are beginning to show in a rising mortality from tuberculosis. In other words such factors as fatigue, over-work, malnutrition, over-crowding, are determinants in converting latent infection into serious clinical disease. Furthermore if one plots the death rates by age and sex, one finds that the bulk of the deaths from tuberculosis occur between the ages of fifteen and forty-nine years and that the curve of deaths amongst younger women is higher than

that for males between the ages of fifteen and twenty-five years. Tuberculosis stands first among the causes of deaths between the ages of fifteen and forty-nine—the period of life when people should be at their prime. At the age of twenty years, tuberculosis is the cause of more than half the total deaths among young women. It is *the* major health problem among people in the prime of life, and especially among young women in the second or third decades.

Comparing deaths from tuberculosis with those from other contagious diseases, we find the following in the League of Nations Report: In Germany, at the beginning of the twentieth century, typhoid fever caused 11 deaths; measles, 23; scarlet fever, 24; diphtheria, 28; tuberculosis 223 per 100,000 inhabitants. That is to say, that typhoid, measles, scarlet fever and diphtheria together caused 86 deaths, while tuberculosis caused 223. Tuberculosis, therefore, caused two and a half times as many deaths as those other four contagious diseases put together. Thirty years later, deaths from the four other contagious diseases had fallen to one quarter; deaths from tuberculosis had fallen to one half. Thus thirty years later, tuberculosis now caused five times as many deaths as the other four contagious diseases put together. That is, comparatively speaking, tuberculosis is becoming a greater contagious disease problem. Not only that, but 5 to 15% of the cases of the other diseases are fatal, while 60% of open cases of tuberculosis die within three years. In a personal communication, I am told that 90% of the open cases of tuberculosis treated in the Province of Quebec die within five years. This figure seems rather high even where reporting is as defective as it is in this Province.

Summarising then, we find that tuberculosis constitutes *the* major contagious disease problem, especially among young women in the second and third decades; that factors which determine the conversion of latent infection into manifest clinical disease are fatigue, overwork, malnutrition and over-crowding; that prophylaxis should be our main aim since therapeutically we are impotent except to attempt to repair the damage done, by prolonged rest and good food—a tedious expensive business. The means at our disposal are, on the one hand, the prevention of fatigue, overwork, malnutrition and over-crowding and, on the other, the persistent and sedulous search for cases. All open cases must be isolated, and as far as humanly possible, all their discharges must be destroyed—the latter implying a suitable medical aseptic technique in the nursing of these cases.

Bearing this summary in mind, let us examine the special cases of the incidence of tuberculosis among nurses-in-training—a special group of young women, at the age in which tuberculosis constitutes its greatest menace, this special group being exposed to the added risks of increased contact with known and missed cases, often with the added danger of fatigue and over-work. The evidence of Ross and others tends to show that the incidence of tuberculosis among nurses is greater than among women of the same age in other occupations and such increased incidence would be expected on purely theoretical grounds. It should be remembered, however, that obviously, reporting can not be as complete aming women engaged in other occupations. Nurses constitute a group easily available for frequent observation and examination while other groups are not so available.

Be that as it may, the incidence of tuberculosis among nurses-in-training is at least 6%, an incidence which should

cause grave concern to all training schools. Not only so, but the nurses training school presents an admirable unit for the testing of the efficacy of real prophylactic measures. If we are ever to find out whether our efforts at prevention are effective, the most satisfactory group for study is the nurse-in-training group where the incidence is highest and where the group is easily available for careful study. Thus, not only for the sake of the nurses themselves but for the sake of evaluating methods of prophylaxis, the nurses-in-training deserve special consideration.

First is is absolutely essential that accurate records of morbidity be kept. The measures for prophylaxis may then be conveniently discussed as follows:

Those regarding the nurse are:

1. She should be taught before she goes to the Ward the etiology of tuberculosis and the methods of spread. She should be aware that cough and expectoration should be regarded as potentially dangerous and that all discharges from the respiratory tract should therefore be destroyed.

2. She should not be over-worked or fatigued and should have enough leisure to allow for pleasant exercise in the open air.

3. She should be examined on admission to the school of nursing, X-rayed and tuberculin tested. It has been shown that in many places the majority of nurses, on admission to the school, are tuberculin negative. The tuberculin test then becomes of extreme importance and should be repeated every three months in tuberculin negative people. The tuberculin test becomes positive *before* a shadow appears by X-ray. By the time an X-ray shadow appears the patient has a well established clinical disease: hence X-ray examinations are useless in individual prophylactic control; they are useful in helping to prevent spread by finding actual cases which may then be isolated. Physical examinations and X-ray should be repeated every six months.

Those regarding the patient are:

1. All known cases of tuberculosis in general hospitals should be isolated and complete medical aseptic technique, such as is carried out in contagious disease hospitals should be employed in nursing them. It seems extraordinary that one should have to say this in 1938 when tuberculosis is obviously the major contagious disease. True, not all tuberculous infection becomes tuberculosis disease, but all tuberculous disease begins as tuberculous infection; furthermore, the incidence of tuberculosis among contacts of tuberculous patients greatly exceeds the incidence among the population at large. It should scarcely be necessary to plead the case for medical aseptic technique, such as is used in contagious disease hospitals. Nor should it be necessary to insist that all the discharge from known cases should be destroyed. Actually it is absolutely necessary to do so: these things are not being done in our general hospitals.

Search for the tubercle bacillus should be made in the sputum of all patients with chronic cough and expectoration and such discharges should be destroyed. The advisability of instituting a modified medical aseptic technique in nursing such patients should be considered.

Finally, if we are to attempt to find the cases, isolate them and destroy their discharges, we must have enough beds for all the cases we discover, and no case with a positive sputum should be allowed to leave isolation, just as no case of scarlet fever with a discharging ear is allowed to leave hospital. All this must be done on an adequate scale—not half-heartedly—or what effort we do exert is wasted.

Preventing Tuberculosis Among Nurses

GRACE A. THOMAS

Head Nurse, Chest Clinic, Toronto Western Hospital

The prevention of tuberculosis among nurses is a timely subject. In this article, the writer proposes to discuss the plan followed in the Toronto Western Hospital in order to obtain this objective. To begin with, who should receive more consideration in the prevention of tuberculosis than the nurse? Yet we find the majority of student nurses in hospitals working nine hours a day, and giving nursing care to every type of patient, including tuberculosis — diagnosed or otherwise. Nurses may become fatigued but they continue their work. Here we have an excellent medium for the growth of the tubercle bacillus.

The chest clinic at the Toronto Western Hospital is under the direction of Dr. W. E. Ogden and Dr. George Anglin, who, in addition to their regular clinical work, have given their personal attention to the health of the nursing staff since 1932. The writer, a graduate nurse, is on full-time duty and is responsible for making appointments for the initial examination of all graduates and students; recording and interpreting the serological reports; arranging for periodic check-up and examination; arranging for appointments for X-ray examinations.

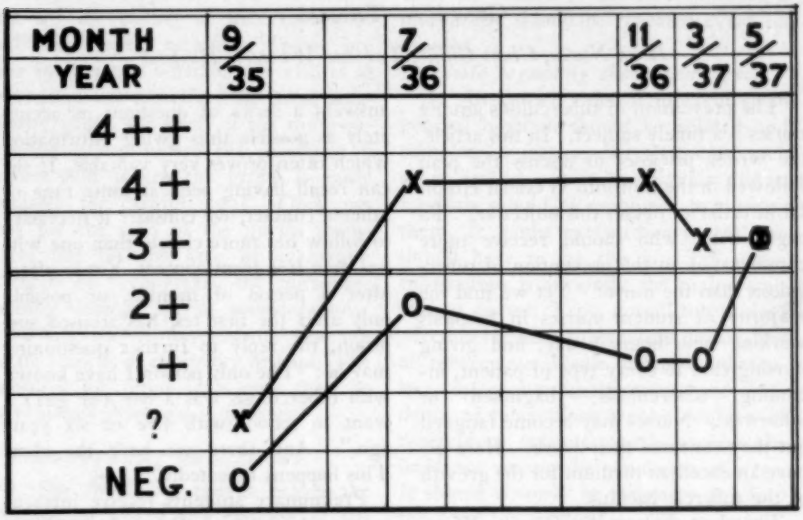
The sequence of our plan of procedure is as follows: (1) the doctor's interview with the nurse; (2) skin test; (3) serological test; (4) X-ray. The result of these successive measures is that within two or three months after she enters the school, a special printed form is filed for each student, on which will be recorded all data pertaining to her initial and subsequent examinations by this department.

At the first interview, the nurse answers a series of questions as accurately as possible thus giving information which often proves very valuable. If she can recall having been at some time or other a contact, we consider it necessary to follow her more closely than one who has been free from contact. Yet so often, after a period of months, or possibly only after the first test has aroused suspicion, the reply to further questioning may be: "The only person I have known with tuberculosis was a boy (or girl) I went to school with five or six years ago." And there we have the clue! This happens repeatedly.

Preliminary students receive intracutaneous skin tests (I. C.), only one-third of those entering being positive to tuberculin. Sometimes, doses up to 10 mgm. are given if previous tests have been negative. From observation we find that most nurses have positive tuberculin tests after a three-years' course in nursing, which means that they have become infected during their term in the school. In a recent examination of eighty-seven graduate nurses in this hospital, only one was found to be negative.

At the time of the skin test, one of serology is done also. This is somewhat similar to the Wasserman. It is believed that these positive serological reactions anticipate the onset of disease by months or even years, and that these are the only tests that do so. In four or five days when the report is returned, it is marked on a graph similar to that illustrated. If the serological test is abnormal, the nurse's name is recorded for "early serology" which will be repeated in three or four months. In the meantime, extra hours off duty are arranged and chest

NAME MISS H.M. NO. CLASS 1935



X-rays are repeated as indicated. At the same time, the doctors impress upon the nurse the necessity of rest, and point out to her that this time which now appears to her to be wasted, will not seem so later in life.

It is our aim to have a serology report every six months, but this is difficult owing to lack of facilities and the increased number of nurses. Therefore if a student's tests prove satisfactory, we occasionally find it necessary to leave her a longer interval while devoting more time to suspicious cases. However, instances have arisen when, some months later, this "deferred" case, giving no indication of ill health, has a serology test done and the report is returned showing marked changes. A stereo of the chest then shows either a small lesion or the suspicion of one. Here our one consolation is that little, if any, permanent damage has been done. The student is taken off duty immediately and put to bed for six months or a year, at the end of which time she is able to return, complete her course and remain perfectly well. To demonstrate the need for constant vigilance, the following case history may be quoted:

On entering the school in September, 1935, Miss M. showed a positive reaction to 10 mgs. of tuberculin which we believe showed that at some time or other she had been infected. Her serological test at that time was considered normal, indicating no threat of oncoming disease.

Ten months later, July, 1936, a serological test revealed that Miss M. was fighting tuberculous infection.

In the accompanying graph, the symbols '4 ++' signify a very strongly positive reaction, (this terminology is the same as is used universally in the Wasserman test). The symbol "T. C. F." signifies one of the two blood serum tests (serological) which are done, namely the tuberculo-complement-fixation. The term "inhibitive" means the other of the two blood serum tests used, a test which is comparable to, but with definite variations from, the fixation. The graph demonstrates, therefore, that a strongly positive "fixation" was recorded in July 1936, and also a near positive "inhibitive". These warned us of the liability of oncoming disease, and the nurse was advised to spare her energies in her off hours. We should have arranged for a month's leave of absence. When the "inhibitive" also became positive in May 1937, we were alarmed, the month's leave was requested, and X-ray films ordered to make sure disease had not already developed. A definite lesion was present, we were too late for prevention, and the nurse was sent to sanatorium.

As every nurse on admission to the school must have a chest X-ray, we determine, by a serology test, which type of X-ray is necessary, that is, if the result is not abnormal, a flat plate is ordered, but if suspicious, a stereo is requested. Likewise, X-rays are ordered periodically as indicated. This same procedure is carried on with regard to our permanent graduate and dietetic staff.

There is no doubt that the nurse is much more likely to develop tuberculosis than the average girl in the same age group. Only by the most careful supervision can we hope to reduce the incidence of this disease among nurses to a minimum. At the Toronto Western Hospital, we feel that the plan we have adopted, particularly the serological test, has protected many because of the earlier revelation of information which is valuable in diagnosis. From 1933 to 1937 there were no cases of tuberculosis in this School. We express our great indebtedness to Dr. Odgen and to Dr. Anglin for their untiring work among the nurses. As its reward, we may see in the near future, prevention not only for the majority, but for all.

Details of the use and interpretation of these tests are given in a paper, prepared by a group of Toronto Western Hospital clinicians, under the title of "The abolition of clinical tuberculosis by anticipation and control". This paper will be published by *The Canadian Medical Association Journal.*

VICTORIAN ORDER OF NURSES

Miss I. Black has been transferred from the Winnipeg branch to the Victoria branch; Miss J. Carr has been transferred from the Toronto office staff to take charge of the newly opened Peninsula branch at Thorold-Merritton, Ontario.

Miss K. F. Docker has been admitted to Napanee as nurse-in-charge of the branch.

Miss L. Lawder has resigned from the Napanee branch; Miss D. Hargreaves has resigned from the Victoria branch; Miss M. Gaudet has resigned from the Halifax branch; Miss E. Needleman has resigned from the Montreal branch.

War in Weihwei

JEANNETTE RADCLIFFE

Formerly Superintendent of the Weihwei Hospital, Presbyterian and United Churches of Canada.

Scripture has a graphic word to describe a condition of affairs which fails to fulfil expectations: *to bring to the birth, and not to bring forth.* This phrase describes much of our experience in a year which opened with fair promise. Co-operation had developed with the Ministries of Health and of Education of the Central and Provincial Governments. We had opened a health centre, the inauguration attended by representatives of Weihwei's official, educational, business and social life. Two Chinese graduates of our nursing school, specially prepared by the government's postgraduate courses in public health and midwifery, were resident at the centre. A resident Chinese nurse had been placed in the cotton factory, the largest industrial institution in the district. This nurse was a charming girl—her beautiful gowns and fashionably waved hair stirred mixed emotions in the hearts of the Honan nurses, though they were too busy to cherish them very long. The hospital wards and hostels were filled to capacity as was the newly-opened children's ward. The medical work was cared for by our two Canadian doctors, two Chinese graduates from excellent medical schools, and two internes from a Governmental medical school. The nursing demands were met by a staff of two Canadians, with one of the married nurses giving part-time help, and a Chinese staff of thirty-five graduates and pupils. A resident nurse had been placed in a rural Normal School, and in a village six miles away another nurse made weekly visits, the medical staff giving supervision.

The principal of the nursing school was busy getting the school ready to meet the requirements of registration with the Ministry of Education of the Central Government. The Governing Board of the school had been chosen, the Chinese principal named, the additional staff required for educational purposes engaged for the autumn. All this meant far more than raising standards of education for our nurses, it meant that nursing had won a battle for recognition throughout China, that schools had been standardized, and that the allegiance of educated and high-minded Chinese womanhood had been enlisted.

Throughout the country the harvests gave promise of unusual plenty and we rejoiced and were glad. But early in July, shots were exchanged between Japanese and Chinese soldiers at Lukouchiao. While conversations were still going on between the contending parties, the rain, which had been abundant during the hot month continued to fall on the beautiful fields of millet and corn. By the middle of August the swollen rivers were spreading over the fields. Earthquake shocks weakened the sodden mud houses and shops. Many of the houses in our district collapsed and the fields were lakes with islands of dead cornstalks rising on the higher ground. Transportation was entirely by boat.

In the Health Centre, where a few weeks earlier the proud mothers of a thousand babies had contended for prizes at the well baby show there was nothing now but deserted piles of mud and bricks. The national anxiety continued to grow and our own hospital was not

exempt. By the middle of October, Japanese armies were advancing down the Peiping-Hankow line and Changte had been heavily bombed. Refugees were pouring down from the north, many of them stopping at Weihwei and some coming to the hospital compound. Retreating troops marched in long array past our hospital and residences. Planes carrying bombs droned and roared overhead, and victims were carried into the operating theatre, most of them to die of wounds a little later.

The infection of fear soon spread, and on one never-to-be-forgotten day twenty of our staff left. Within two weeks our staff was reduced to one Canadian doctor, two Canadian nurses and seven Chinese graduates and pupils. Do not blame them—they wished to remain under the Chinese flag, and there seemed small hope of doing so in Honan. Our public health nurse went to Nanking, one of the greatest danger spots, to do supervisory work in a military hospital, accompanied by a second graduate and three senior nurses. Four others joined Red Cross hospital staffs. The younger student nurses entered schools of nursing further south, for each carried a letter showing her standing in our school and a recommendation. Great sympathy and helpfulness was shown by sister schools in this way. Of our graduates, two were chosen to go with an operating unit headed by a famous surgeon to a Red Cross hospital which cared for some thousands of wounded. The Chinese doctors were all absorbed into Red Cross or military hospitals. In our wards, beside the wounded, were maternity cases, medical patients, and even cholera, for the epidemic was just beginning to show its head. Fortunately cold weather was on the way and its duration was short.

Then we had our experience of bombing, first the drone of the engines increasing to a roar, then the detonation as the bomb struck the ground. We prepared for the wounded who soon followed. Bombing planes came one day just as we were meeting to plan for the hospital Christmas. One flew low over the main building, weaving back and forth over its whole length, perhaps observing the Red Cross and Union Jack painted on the roof. Christmas mail came in under circumstances which might well paralyze any postal system, but the Chinese mail service is functioning and will continue to function.

As the year reached its close we felt the tide was beginning to turn, at least in our hospital work. Weihwei had been singularly free from danger as compared to the larger centres. The staff began to come back and in January we had a graduation ceremony for three seniors, one receiving her diploma *in absentia.* she was away with a Red Cross unit. A few days later another of the three asked to go home to comfort her aged mother whose sons had been conscripted for the army. Two days later we heard she had been married to an officer, rich, young and handsome. He had seen her when visiting a wounded comrade on our wards. She is a beautiful girl and a good nurse and we hope she will do war work in a fine new way.

We have taken in a new class of ten probationers, not that we wanted to have more young women to care for just now, but because these graduates of Middle and Normal schools are refugees, and are homeless like so many thousands more. The disruption of schools, and the tearing asunder of homes and scattering of families is one of the saddest things in the whole situation.

And thus a year beginning with such expansion of opportunities, with such planning for better work was all swept away—gone with the wind. But we still treasure the unique privilege of standing with our people in their deep

sorrow, of experiencing the loyalty and friendship of the Chinese colleagues who have stayed by us right through, of helping to maintain a place of refuge for the sick and wounded. In spite of all, 1938 opens with hope and promise, even though signs are not wanting that we may soon enter a new stage of experience. Was not the word of Scripture a word of promise—"Shall I bring to the birth and not cause to bring forth? saith the Lord." We believe nothing of our hopes and plans will eventually be lost.

AN IMPORTANT APPOINTMENT

Announcement has been made of the appointment of Miss Fanny Munroe as superintendent of nurses and head of the School of Nursing of the Royal Victoria Hospital, Montreal. For the past fourteen years, she has held, with conspicuous success, the position of superintendent of nurses at the Royal Alexandra Hospital, Edmonton.

Fanny Munroe
Photo by V. Garcia

Miss Munroe is a graduate of the School of Nursing of the Royal Victoria Hospital, and was for some time a member of the graduate nursing staff of that hospital. She has also taken post-graduate courses at Teachers College, Columbia University, and is exceptionally well qualified, both as an administrator and an educator, for the important position to which she has now been appointed.

During the war, Miss Munroe served overseas with the Canadian Army Medical Corps and, in recognition of her fine work, was awarded the Royal Red Cross by King George V. She has always taken a keen interest in nursing affairs and is a past-president of the Alberta Registered Nurses Association. While her departure from Western Canada will certainly be much regretted by her colleagues in Alberta, her own School will rejoice that this able woman has consented to guide its destinies.

THE EDITOR'S DESK

A Brief for Nurses

It is very fortunate that the Canadian Nurses Association is so organized that it can plead the nursing cause before constituted governmental authority. By means of a special committee appointed for the purpose, a clear and logical statement concerning health insurance in relation to nursing was recently submitted to the Royal Commission on Dominion-Provincial Relations. The full text of this appears in this issue of the *Journal*, under the caption of *Notes from the National Office*, and merits careful attention. According to newspaper accounts, the statement, which was presented by Miss Jean I. Gunn, was received by the Commission with marked interest. There are indications in several Provinces that some form of health insurance is strongly desired, and the opinion was expressed by many of the witnesses who appeared before the Commission that the Federal Government should lend its support. Any measure which touches the practise of medicine will inevitably have an effect upon nursing and we are fortunate that our case has been placed before the Commission at this juncture.

Getting the Right Nurse!

A more intelligent distribution of nursing service is now being undertaken in several Canadian cities. A study of the findings of the experimental Nursing Service Bureau in Montreal will reveal many problems which, prickly though they may be, are nevertheless well on the way to solution. We are much indebted to Miss E. Frances Upton and Miss Flora A. George for preparing this excellent summary of a fearless and thoroughly constructive report.

A description of the activities of the Manitoba Nurses Central Directory, given by its extremely competent director, Miss Pearl Brownell, is yet another indication of new trends in private duty.

Effective Protection

This *Journal* has repeatedly drawn the attention of its readers to the disgracefully high incidence of tuberculosis among nurses generally, and especially among student nurses. In this issue will be found an informative general statement regarding tuberculosis and also the report of a remarkable effort now being made at the Toronto Western Hospital to give effective protection to student nurses.

Sir Josiah's Suspicions

We find ourselves in hearty agreement with some "suspicions" which, in a recent address at McMaster University, Sir Josiah Stamp defined as follows:

I suspect easy solutions and very pleasant ones. Only very occasionally will it be possible to put in shorter hours and higher wages, lower taxes and balanced budgets, all together at one moment.

I suspect any immediate personal interest. For even a sixpence held near the eye will blot out the Bank of England.

I suspect any solution that does not stand an ethical test. The Sermon on the Mount is perhaps too fine a sieve for today, but the Decalogue is a mesh that can do thorough work. That, at least, we have not outgrown in standard. Do not think that education weans you from the spiritual law, either.

I suspect any solution in which one factor is modified and the others are all assumed to remain the same.

I suspect any method of getting the best of two worlds at the price of one.

I suspect every solution that carries over nothing from the past, just as I suspect every one that merely snuggles down in the old way.

An Experiment in Nursing Service

This article is based upon a report recently presented to the Committee which directs the activities of the Nursing Service Bureau in Montreal. The chairman of this Committee is Miss E. Frances Upton; the director of the Bureau is Miss Flora Aileen George.—Editor.

The need for a better distribution of nursing service has long been recognized by the nursing profession in Canada, and one of the principal recommendations of the *Survey* dealt with the development of a type of nursing service bureau which would be broad enough in scope to meet the demand for various kinds of nursing care. With a view to carrying out this recommendation in terms of action, the Association of Registered Nurses of the Province of Quebec appointed a committee in 1934, to proceed with the organization of a Nursing Service Bureau in Montreal. This committee included representatives from all fields of nursing but, since in the Province of Quebec the Association of Registered Nurses is a bi-lingual group, it was decided to limit the project to the English-speaking community. The co-operation of the Montreal Graduate Nurses Association (which maintained a registry in connection with the Nurses' Club) was obtained, and the experimental project was launched under the name of the Montreal Graduate Nurses Association Nursing Service Bureau.

The offices are situated in the Medical Arts Building and include a room for the registry, an office for the director and a waiting room for registrants. A twenty-four hour switchboard and elevator service is maintained in the building, which also has the advantage of a central location. The Bureau thus supplies continuous twenty-four hour service for nurses, their clients, and the hospitals.

All applicants for enrolment are interviewed by the director of the Bureau and, with the co-operative understanding of the Montreal Graduate Nurses Association, the Bureau Committee undertook to abide by the regulations laid down by that group for the registered nurse registrants. The administrative policies of the Bureau are under the direct control of the committee, and a placement service has been organized in which the following groups are registrants:

Registered Nurses in the Province of Quebec, who are engaged in private duty nursing in the English-speaking section of Montreal.

Trained attendants: The Young Women's Christian Association has for some years conducted a School for Attendants. The Association gave its whole-hearted support, closed its registry and requested the trained attendants to enrol with the Bureau.

Practical nurses: In this group were found workers engaged in various types of nursing. Some are graduates of small hospitals who are not eligible for membership in the Association of Registered Nurses of the Province of Quebec. Others are nurses who for various reasons were unable to complete their hospital training. Regardless of the length or type of training, these workers are classed as practical nurses.

Physiotherapists: The Canadian Physiotherapy Association was accepted as a corporate member of the Bureau. This group acts and maintains high standards in its own field.

Medical Orderlies: Workers in this classification were enrolled through the co-

operation of a hospital which understood the problems confronting the Bureau.

A carefully detailed record system was installed which, at the end of the first year of operation, may be summarized as follows:

Registrants:	
Registered nurses	681
Trained Attendants	84
Practical nurses	45
Medical orderlies	12
Total registrants	822
Calls filled by registered nurses:	
Private duty nurses in the hospital	7,807
Private duty nurses in the home	1,180
Private duty nurses out of town	105
Temporary hospital assignment	468
Hourly appointment service	76
Permanent positions	13
Summer camps	3
Relief for industrial positions	2
Total calls filled by registered nurses	9,654
Calls filled by other workers:	
Trained attendants	391
Practical nurses	170
Medical orderlies	73
Physiotherapists	3
	637

Registered Nurses

As medicine has developed into highly specialized fields, the nurse also has tended to become a specialist. Two factors which have contributed to this development are (1) the specific skills and techniques required in special hospitals and by medical specialists; (2) the practice of doctors in showing a preference for those nurses who work exclusively with them. It may be said therefore that the development of the nurse, and of nursing, does not follow a path charted by the nursing profession, but rather a course made necessary by the trend of hospital organization and of medicine itself.

Our records indicate that private duty nursing in hospitals is definitely preferred to home nursing. Only three registrants preferred home nursing and refused to go into hospitals. On the other hand, many registrants would not accept home nursing, an attitude which causes adverse criticism of nurses and nursing in general. In the majority of cases, day duty is preferred to night duty even though the majority of calls continues to be for night duty. Calls for nineteen-hour duty and resident duty are not numerous, but the bureau experiences some difficulty in filling them. Out-of-town calls are probably the most difficult to fill. There has been an increase in the number of calls for hourly service. Our experience has plainly demonstrated the need for a better understanding of medical asepsis. If the nurse is adequately trained (and all nurses should be) she need have no hesitation in caring for patients with communicable disease.

Close co-operation between night and day nurses should be constantly sought. It might be advantageous to revert to the system formerly practised, when the nurse on day duty was in charge of the case and the night nurse was her assistant. The young nurse respected and sought guidance from the older nurse and, without a too apparent realization of the situation, a measure of supervision was thus maintained. Today, jealousies sometimes exist that could be avoided by more thoughtful consideration. Perhaps this lack of co-operation has arisen because of the ten-hour day which means that the day and night nurses do not always meet one another.

More attention should be directed toward the standard equipment which every nurse should take with her into the home. Such equipment should be neat and compact and it would be advisable to make it compulsory to meet the requirements in this regard. Sample

equipment might be assembled at the Bureau so that new registrants could see what is needed.

To the nurse who has been out of school for some time, temporary assignments to hospital duty are occasionally desirable. Such an assignment serves as a refresher course, enables her to review her techniques, recalls the problems of ward administration and makes her familiar with new treatments. Unfortunately it is sometimes difficult for a nurse to accept such assignments because, if they last for any length of time and the nurse is maintaining or sharing an apartment, the financial burden is considerable. There are wide differences in the salaries offered for general duty and the Bureau at times has found it impossible to persuade registrants to accept either temporary or permanent assignments in the smaller hospitals. Furthermore, general duty nurses are sometimes asked to assume responsibility for more patients than they can care for adequately, and opportunities for promotion are somewhat limited.

The free lance worker usually is a nurse who is a new-comer and has obtained employment through doctors or friends. Many of them find difficulty in establishing themselves and therefore resort to advertising in the daily newspapers. The work thus obtained is often at a considerably reduced salary for almost continuous duty. This practice tends to lower professional standards to a considerable degree.

Subsidiary Nursing Service

For both the trained attendant and the practical nurse, personal interviews are arranged with all applicants for enrolment. Confidential reports are obtained and recommendations are checked, every effort being made to safeguard the patient. A fair proportion of the calls received for trained attendants and practical nurses were in connection with convalescent, or chronic patients or to care for well babies. On the other hand, a large number of calls requested their services for patients suffering from such acute diseases as pneumonia, cardiac conditions, erysipelas, alcoholism, scarlet fever, etc.

It has also been our experience that attendants have frequently been assigned to the care of the cancer patient and that they have been placed in homes of people of moderate means as well as in homes where less comfortable circumstances prevail. It is true that the long-drawn-out course of this illness does place a severe burden on the family income, but this is hardly a valid reason for depriving the patient of adequate care. In our opinion trained attendants should not be permitted to care for patients with pneumonia. All infectious diseases, with their possible complications, should be handled by a nurse who has had thorough preparation in medical asepsis.

There are two responsibilities which the Bureau has declined to accept. Firstly, we refuse to send attendants to homes when the condition of the patient necessitates giving drugs hypodermically. Secondly, we do not send attendants to homes to care for infants unless they have previously had some instruction in this work and in the preparation of feedings.

Most of the observations made in regard to trained attendants may be applied to practical nurses. In this group, we have not accepted any one who was not already established in the field. These workers are frequently engaged on a salary basis in homes where there is a chronic or convalescent illness and in the majority of cases are expected to assist with the housework. Most of the calls for practical nurses are placed by members of the family, in contrast with the calls for trained attendants,

which are placed by the doctor in charge of the case.

Summary and Conclusions

As the result of our first year's work, we have reached certain conclusions which indicate the general trend of our thinking. These may be summarized under the respective headings of (1) registered nurses and (2) subsidiary workers.

Registered Nurses: It is suggested that the quality and type of nursing service should be determined by the patient's needs. Every effort should be made to co-operate with the medical profession so that a wise choice may be made of the worker best qualified to serve the individual case.

Skilled nursing care is a necessity in the care of patients suffering from the following conditions:

(a) Critical illness due to various surgical conditions including cancer.

(b) Medical diseases, especially pneumonia, communicable disease, and cardiac disease.

(c) Obstetrical cases delivered in the home.

(d) Acute mental cases, drug addiction and alcoholism.

The registrants should themselves give careful study to standards of nursing service, the education of the private duty nurse, etiquette and uniform, and should bring a report on these questions before the Bureau.

Any registered nurse who has not been actively engaged in nursing for a period of five years or more, and who wishes again to become a private duty nurse, should before being allowed to register: (a) take a graduate course in a local hospital or in her own school and be required to produce a certificate showing that she has taken this course; *or* (b) engage in general duty for a period of at least three months in a recognized local hospital.

Consideration should be given to the development of hourly nursing and this service should be brought to the attention of the public in an effort to meet the need for skilled nursing at a moderate cost.

Subsidiary workers: There is a definite need for some type of subsidiary nurse worker, whose services can be used when skilled nursing is not indicated. This worker should be given a limited instruction in the bodily care of the patient, the preparation and serving of food, and the care of the home. Care should be taken to see that she realizes her limitations and is willing to accept supervision. Our experience indicates that, at 18 years of age, the candidates are too young for this type of work. They should be at least 25 or possibly 30 years of age so that they may be sufficiently mature to deal with the situations which arise in the home.

Further consideration should be given to designating subsidiary nurse workers under a name by which they would be generally known, thus avoiding confusion and enabling the public to realize the limited degree of proficiency which may be expected from a non-professional worker.

It is desirable that subsidiary nurse workers, caring for patients in the home, should have a registered nurse as a field supervisor.

Where a registered nurse and a trained attendant are engaged on the same case, it would be advantageous for the registered nurse to accept only day duty, so that she may meet the doctor in charge, carry out nursing treatments, be responsible for the patient's diet and allot such duties to the attendant as may safely be entrusted to her. It is also recommended that no registered nurse should instruct

an attendant or practical nurse in advanced nursing technique such as the giving of hypodermics.

The Outlook

At the close of our first year of actual experience we are confronted with findings which call for resourcefulness and courage if they are to be squarely faced. Nevertheless, we are sufficiently encouraged to justify further effort toward the development of the Bureau. The Council of the Montreal Medico-Chirurgical Society has pledged support of the recommendations we have made and the authorities of the Young Women's Christian Association are in sympathy with our policies.

We are also assured of the continued co-operation and support of professional private duty nurses. A registrants' committee, composed of fifteen private duty nurses has been appointed to deal with the questions of hours of duty and of fees. Four members of this group are also members of the Bureau Committee which already includes in its membership several other private duty nurses.

With the experimental period ended, and with the establishment of sound guiding principles, we dare to believe we are on the right road.

Editor's Note: Copies of the full text of the report upon which this article is based may be obtained from the Director, Nursing Service Bureau, Medical Arts Building, 1538 Sherbrooke Street West, Montreal. Price, one dollar.

Manitoba Nurses' Central Directory

PEARL BROWNELL

Registrar, Manitoba Nurses' Central Directory

In 1921, the Manitoba Association of Registered Nurses took over the then existing nurses registry in Winnipeg and organized the Manitoba Nurses' Central Directory. While the Directory is subject to the control of the Provincial Association, it is directly managed by a committee composed of three members appointed by that body, together with nurses who represent the various hospitals, and the alumnae associations. Each of the three sections of public health, private duty and nursing education has one representative, one lay member is appointed by the Local Council of Women, one member represents the medical profession. The Directory staff consists of the registrar and two assistants, maintaining a twenty-four hour service.

At present there are three hundred and fifteen registered nurses on the membership list, and sixty-five nursing attendants. The members of the latter group have had training, ranging from a mini-

mum of six months to graduate nurses who have never taken out registration. Though as yet home helpers are not registered, such calls are filled occasionally from a list of capable women who have applied for this work. All types of service are offered, though very few calls are received for hourly nursing because the Victorian Order of Nurses is well established and well equipped for such work in Winnipeg. A registration fee of ten dollars per year for registered nurses, and five dollars per year for attendants, is charged. A classified index is kept which shows that eighteen different languages are spoken by the nurses registered.

The Directory might also be called a placement bureau, for apart from the various types of positions filled in Canadian centres, many requests have also been received from American hospitals for general duty nurses. The greater number of these positions have been filled by nurses registered at the Directory. Nurses not on our membership list, who obtain appointments through the Directory, are asked to pay a fee of five dollars, an amount equal to six months registration fee. Though for a time the employment situation was greatly relieved, the private duty field is still overcrowded. Perhaps not more than half of those on the list are what might be called real private duty nurses. The others are there to fill in time and earn money while waiting for something in their chosen line of work, many hope to relieve a temporary financial stringency, and owing to economic conditions in the rural areas of Manitoba and Saskatchewan, others have come to the city looking for work.

It is a mistaken idea that any graduate can be a successful private duty nurse. People are becoming more discriminating and demanding a higher quality of service. Private duty is no longer a field into which just any nurse may enter with the assurance of steady employment. While the larger hospitals telephone each morning for a list of all their own graduates who are available for duty, the majority of calls both from hospitals and doctors are for specific nurses. When the selection of the nurse is left to the Directory, no registrar should be bound by rule to send the first nurse on the list. This can only result in general dissatisfaction. Many considerations enter into the placing of a nurse, such as personality, professional and cultural background, ability to adjust oneself, age, and even nationality. How can a Directory keep some nurses busy when the hospital which graduated them will not call them back on cases? The Directory has a responsibility to the patients and cannot in all fairness send them nurses whom they know will not be satisfactory. All registrars must agree that the professional background, important as it is, often gives less concern than does personality. The private duty field is not overcrowded with *good* nurses.

As the young nurses planning to do private duty after graduating have only a vague idea of what is before them, the registrar of the Directory has been giving talks to the senior classes at the different hospitals on private duty nursing and the Directory itself. In an effort to bring to the attention of the medical profession the service which the Directory has to offer the doctors are being personally interviewed by the registrar.

Eight-hour duty came into effect in the Winnipeg hospitals in December, 1936, with very little disturbance. This was due largely to the excellent spade work that was done previously in bringing its advantages to the attention of the hospital administrators and the doctors. The present fee is four dollars for eight hours, the nurse paying for her own meals. This makes the cost to the pa-

tient for three nurses the same as it was formerly for two. The advantage to the patient is that he is assured of better nursing care given by an alert and unfatigued nurse. The nurses themselves are unanimous in their approval of the shorter hours though the older nurses do miss the larger income of former days. Nevertheless, they would not care to go back to the longer day because they appreciate the time they now have at their disposal for other interests and more adequate rest. Hours of duty in the homes are regulated by the needs of the case as formerly, but even here eight-hour duty is becoming more common, especially in difficult cases and in convalescence. The fact that 1937 was the best year since 1929 in this Directory, is, we believe, due largely to the eight-hour day, which has been responsible for a definite increase in the number of calls.

The problem now is how to improve the lot of the private duty nurse and how to create more demand for her services. It is suggested that the ideal solution would be to put private duty nurses on a salary basis. Any suggestions as to how this could be made practicable will be gratefully received. It is expected that group hospitalization will soon be an accomplished fact in Winnipeg. As this plan has resulted in increased employment for private duty nurses in the United States, we have every reason to suppose it will do the same for us.

THE FLORENCE NIGHTINGALE FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

A.A., Lamont Public Hospital	$10.00
Graduate Nurses Association, Medicine Hat	10.00
Student Nurses, Holy Cross Hospital, Calgary	10.00
Student Nurses, Misericordia Hospital, Edmonton	5.00
Student Government, Royal Alexandra Hospital, Edmonton	15.00

Manitoba

Student Nurses, Dauphin Hospital	2.00
Dauphin Graduate Nurses	8.00
Staff, St. Boniface Hospital	4.75
A.A., St. Boniface Hospital	25.00
Central Tuberculosis Clinic and Social Service Department, Winnipeg General Hospital	3.60
Victorian Order of Nurses, Winnipeg Branch	1.30
Nursing Division, Provincial Department of Health	7.00
Provincial Office Staff	1.00
A.A., Children's Hospital, Winnipeg	10.00
Staff, Children's Hospital, Winnipeg	4.50
Staff, Shriners' Hospital, Winnipeg	1.00
Manitoba Association of Registered Nurses	100.00

New Brunswick

New Brunswick Association of Registered Nurses	50.00

Ontario

A.A., Nicholls Hospital, Peterborough	5.00
A.A., St. John's Hospital, Toronto	5.00

Prince Edward Island

Registered Nurses Association of Prince Edward Island	50.00

Quebec

Miss M. R. Lawrence, Montreal	2.00
Nursing Staff, Jewish General Hospital, Montreal	16.20
Montreal Overseas Nursing Sisters Association	3.00
A.A., St. Justine Hospital, Montreal	5.00
A.A., Jeffrey Hale's Hospital, Quebec	25.00

Saskatchewan

Saskatoon Registered Nurses Association	10.00
Saskatchewan Registered Nurses Association	223.50

Here Come the Ships

A. Edith Fenton

Superintendent, Dalhousie University
Public Health Clinic, Halifax

From the windows of the Nova Scotian Hotel, the headquarters of the Biennial Meeting of the Canadian Nurses Association in July, 1938, one can see the ships arriving in the Port of Halifax. Big ships and little ships, by sail, steam and oil; freighters and luxury liners; tramps, tugs and graceful yachts; schooners and trawlers; and even an occasional man-of-war. On pleasure bent, or laden with merchandise, they fly the flags of many nations and carry travellers, tourists, immigrants, soldiers, sailors, and movie stars, business men and diplomats, returning Canadians, and newcomers to a land of promise.

The city of Halifax lies on a foot-shaped peninsula. It is bounded on one side by a long arm of sea-water, known as the Northwest Arm, which is a beauty spot given over to pleasure. To the east lies the Harbour itself, another arm of the sea but devoted to commerce, piers, and ships. It leads, through the Narrows, to Bedford Basin, a large expanse of water on which it is said the whole British Navy could ride at anchor. Bedford Basin will remind many of the war, for it was here that Canadian and American troops awaited their convoys for the voyage across the Atlantic. The Narrows are also reminiscent of the great explosion of 1917, when a Belgian relief vessel collided in the narrow channel with a French munition ship, the resulting explosion maiming for life, several thousand perdevastating the city and killing, or sons.

The distance from the city through the outer harbour to the open sea is eight miles, land's end to the north being Devil's Island with its twin lighthouses, and to the south Chebucto Head, well equipped with the various modern devices of light, sound and wireless to guide ships to a safe haven. Somewhere between these two boundaries rides the pilot boat, under sail or at anchor, with possibly as many as a dozen pilots, ready to be put aboard each incoming ship, day or night, in calm or stormy weather, as required by law. Within this outer harbour lie two large islands, Lawlor's and McNab's, and a smaller and formerly fortified one called George's Island.

In the early days of settlement from 1749 onwards, as pioneers and immigrants were coming in numbers to the New World, disease sometimes came with them aboard the ships and gradually there evolved a system of medical inspection and quarantine. The two islands, Lawlor's and McNab's, have played a vital part in this, serving as quarantine stations. Much of tragedy have they seen and many acts of heroism. One dramatic tale, as recorded in "Early Days of the Halifax Infirmary" by Dr. Arthur L. Murphy, in the *Nova Scotia Medical Bulletin* will illustrate:

> In the late winter of 1866 the barque *England* put out from the port of Limerick. Crowded on her decks and below were thirteen hundred immigrants eager for the new world. Graced by wind and current, the *England* made a smooth, swift crossing. On the tenth of April her passengers were jostling one another against the rails, expectantly scanning the horizon for land . . . A long black bar appeared on

the western horizon and the joyous cry of "land"! arose. There was no rejoicing among the crew for within an hour the sky was overcast and the winds were whipping the sea to a fury. Terrified passengers were crowded below and the hatches jammed down. The *England* weathered the storm, but in her ill-ventilated hold were enemies far more deadly. On the thirteenth of April she entered Halifax harbour laden with suffering and death. Already three hundred had died and been buried at sea. Hundreds more lay below, the victims of Asiatic cholera.

It was natural, that when the ill-fated *England* discharged her poor cargo in quarantine on McNab's Island that the Sisters of Charity should be among those called on to volunteer as nurses. Three were chosen to go with the four physicians from the city. One of these was Sister Mary Vincent who was later to be identified with the first Halifax Infirmary. A woman of broad capabilities and deep understanding, she embraced this work of charity with the ardor that characterized all her efforts.

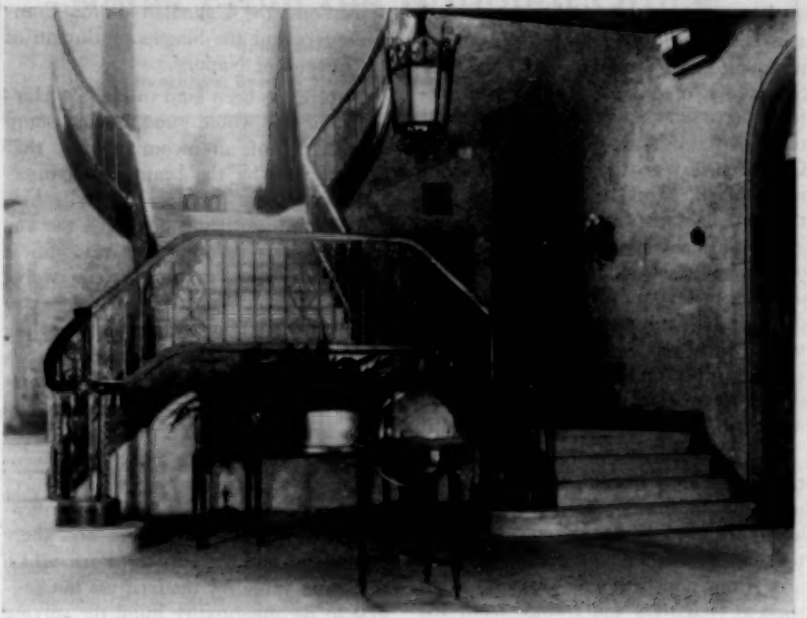
As the Island came into view the Sisters could see a file of men bearing coffins. It was evening and the doctors, assisted by those who were able, spent these twilight hours in burying the day's victims. Theirs was a common grave. The cholera made no distinction of caste or creed. If the day's toll were too heavy the dead lay in the field to await burial the next evening.

The Sisters' "hospital" was a small house, the only one on the island, and the owner bequeathed with it all that he could not, in his haste, carry away. There was a stove, a table, two chairs, an old sofa and four beds with straw mattresses. Dr. Slayter, the city health officer, who had been on the island since the ship's arrivel, welcomed the Sisters and promised to return in the morning. He did not come back. By morning he, too, was waiting his turn for burial in the field. The cottage was soon made ready and the children being given the first consideration, were taken from the tents where the sick were sheltered and given warm housing and nursing care. Many more died; some got well. And, in its time, the scourge passed.

And that was only 70 years ago! How far we have travelled since! Through the years, modern preventive medicine has made a repetition of the *England* tragedy almost impossible. Within living memory, modern methods of sanitation, the great movements for the control of disease the world over, and the enormous financial impetus given by such bodies as the Rockefeller Foundation, have contributed to the sum total of human comfort and happiness far more than is possible to describe. Today even one case of cholera, or smallpox, or other such "plague" found aboard an incoming ship is almost unknown.

Thirty years or more ago, the federal government built a fifty-bed hospital on Lawlor's Island. This has been maintained with a staff residence and other auxiliary buildings ever since, although within the last ten years it has been used but twice. This year, plans are afoot for transferring this service to the mainland. An island is no longer considered essential for isolation, and presumably such facilities as are now required can be provided with less expense and greater facility on the mainland.

Policies with respect to medical inspection of immigrants have also changed. Today, Canadian government doctors examine prospective immigrants in foreign ports before embarkation. No more homes in the old land given up, the heart-break of good-byes, the difficult ocean voyage, only to be turned back on the threshold of that new home to which courage and high hopes had led. The immigrant now leaves his homeland having passed inspection and with the stamp of approval. But still there must be a check at the port of entry. For many years, signal flags flown on an incoming ship have de-



Stairway at the Nova Scotian Hotel.

noted various matters of concern including "clean bill of health" or otherwise. Today another modern discovery, radio, tells the story before the ship is even in sight on the horizon. Each ship with a doctor aboard reports in detail by radio pratique to the port, and if there be no doctor the responsibility falls on the captain who must report on any suspicious illness. Upon arrival all vessels from the Far East much anchor at "headquarters grounds" a definitely allotted section of the harbour, where medical inspection of all crew members and passengers must take place before allowing such ships to dock or make customs entry at Halifax. This is undertaken by the Department of Health as a precautionary measure against the spread of contagious diseases to the city and country. Ships from other parts of the world, after reporting by radio pratique and receiving a satisfactory answer, may draw in directly alongside the Pier. There the port doctor goes abroad to confer with the ship's doctor and finally, all being well, disembarkation begins.

From this point the ordinary traveller is speedily on his way. The immigrant and newcomer may however require guidance and assistance in various ways. The great two million dollar immigration pier at Halifax is a hive of interest and activity following the docking of some large ship. There are interpreters to help with the language problem. A little fourteen-bed hospital on the pier is ready to give care and rest to any who, from the effects of the voyage or other minor illness, may be unable immediately to continue their journey. Some passengers with unsatisfactory credentials may have to remain

in detention quarters. Others may need assistance with problems of rail transportation to their final destination. Sometimes luggage and household effects have to be located and passed through the customs. Probably the Red Cross Nursery provides the most human touch of all. Mothers and children find there a place to rest and wait, or are given an opportunity to wash a few clothes and start out fresh again. Steaming cups of tea and cocoa are offered by pleasant folk in white dresses and veils with a little red cross who give a welcoming smile and a friendly hand. A steady floor seems good after that long uncertain voyage in the depths of a ship!

It need hardly be said that all regulations regarding health inspection apply, not only to immigrants, but to crews and all classes of passengers, and even to animals. Perhaps the greater dangers arise from non-passenger-carrying ships, such as freighters and tramps from India, and the Orient. One infected seaman could so easily spread diseases about the streets of one of our coast cities.

An interesting development since the advent of radio has been the international agreement whereby notification is made of any port where an outbreak of reportable disease has occurred, such a port being known as an "infected port". Subsequently, any ship arriving from the reported infected area is subject to special quarantine regulations whether or not actual disease be abroad. The Canadian quarantine service receives weekly reports from the British Ministry of Health showing the names of ports of the world where it is known there is quarantinable disease present. Additional information is also received from the International Office at Paris, from the Health Section of the League of Nations, the Canadian Trade Commissioners and the Singapore Bureau of the League of Nations.

Nature has been kind to Halifax Harbour and few would guess, as they stand by the rail of an incoming ship, that camouflaged by the beauty of nature's handiwork, five forts are carefully hidden at strategic points to guard the entrance to this Atlantic gateway. These forts have guns ranging from twelve pounders, and anti-aircraft protection as well. Standing clear and white against its background of dark fir trees, where Point Pleasant Park looks out to the Atlantic, is Canada's memorial to those lost at sea during the Great War, including the Nursing Sisters who went down on the hospital ship *Llandovery Castle*. A number of disused fortifications can also be found here and there among the hills and in the Park which are of no value for modern use but suggest to the imaginative mind the stirring days of a century gone by. On the Dartmouth shore is the growing airport of the Royal Canadian Air Force.

There is something fascinating about a port and its doings. Perhaps the salt tang gets into one's blood, perhaps there is some mysterious influence in fog and tide and storm, perhaps it is the lure of the far-away for often by the shipside east does meet west! Halifax is a winter port and port business is heaviest from November to April when the St. Lawrence may not be navigable. But summer brings its quota of cruise ships, private yachts, and those white-winged little boats that provide such glorious sports on a lovely summer day.

Come and see us in July, and listen to the waves breaking on Canada's eastern shore!

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A SUBMISSION TO THE ROYAL COMMISSION ON DOMINION- PROVINCIAL RELATIONS

Since 1934 a special committee of the Canadian Nurses Association has functioned for the purpose of (1) making a study and keeping closely in touch with health insurance schemes, and (2) having information available as may be required by the Association in the event of the adoption of a general plan of health insurance, provincial or federal. Following the appointment of the Royal Commission on Dominion-Provincial Relations by the Federal Government, the Committee on Health Insurance and Nursing Service prepared a statement on health insurance from the standpoint of nursing service. The Canadian Nurses Association submitted this statement in the form of a printed brief to the Royal Commission on Dominion-Provincial Relations during sessions which opened in Toronto on April 25, 1938. The entire content of the brief is published herewith:

Mr. Chairman and Members of the Royal Commission on Dominion-Provincial Relations:

In 1860, only seven years before Confederation, the first Training School for Nurses in the British Empire was organized in St. Thomas's Hospital, London, England, by Florence Nightingale. At the time of Confederation in 1867, there were no trained nurses in Canada and only a few Canadian hospitals were beginning to introduce the methods of training nurses advocated by Florence Nightingale.

In 1904, the first provincial nurses association was organized in the Province of Ontario, and subsequently the other provinces organized. In 1908, the Canadian Nurses Association was founded and became a member of the International Council of Nurses in 1909.

The Canadian Nurses Association represents the registered nurses of Canada. It is a federation of the nine Provincial Nurses Associations, membership in any one of which provides membership in the National Association. The National Association is a means of creating unity and mutual understanding. It is also a link with other national organizations belonging to the International Council of Nurses. The provincial associations are all incorporated under provincial regulations either by Act or Letters Patent. Each provincial association has an Executive Secretary who also acts as Treasurer, and in some of the provinces as Registrar and Inspector of Training Schools for Nurses.

The Canadian Nurses Association is not incorporated. On March 1, 1938, the Association had a total of 14,254 members. The national office of the Association, located in Montreal, is in charge of a full-time Executive Secre-

tary. The official organ of the Association is *The Canadian Nurse*. The objects of the Canadian Nurses Association are:

To promote national unity among the nurses of Canada.

To elevate the standard of nursing education and practice in order to render the best type of public service.

To stimulate in its members an active interest in community welfare.

To encourage an attitude of understanding towards the nurses of other countries.

Registration: Graduates from Schools of Nursing which comply with provincial regulations and have by examination, satisfied the body administering the provincial Registration Act of their qualifications, are thereby entitled to the use of the term "Registered Nurse." No provision has been made as yet for Dominion Registration, but a Committee of the Canadian Nurses Association is engaged in a study of it. The number of registered nurses in Canada is estimated to be over 20,000.

Present Organization for Nursing Service: 1, Nurses are now serving communities in Canada through the following channels:

(a) Public and private hospitals, sanitoria and other institutions.

(b) Public Health Activities.
Official organizations — Federal, Provincial, Municipal.
Voluntary organizations as: Victorian Order of Nurses for Canada, Canadian Red Cross Society, Local organizations, etc.
Life Insurance Companies.
Industry and Commerce.

(c) Private nursing—bedside care in homes and hospitals.

Methods of Employment: (a) In all services cited in numbers (a) and (b) of section 1, nurses, selected and employed on a more or less permanent basis, are paid a monthly salary and their work is under supervision. In the selection of these nurses, however, there is no central or co-ordinating agency by which the nurse free for employment is brought in contact with the organization needing her services.

(b) The nurse engaged in private duty is a "free-lance" worker. She secures employment through membership in a registry maintained and controlled by members of the nursing profession in the area in which she works. Such registries are autonomous and serve only as employment agencies. In smaller communities where there is no such registry organized, the nurse is usually known by the physician and called by him to his patient. There is no provision for the supervision of the work of the private duty nurse, except when she is employed on special duty in a hospital.

Difficulties experienced by the public in securing nursing service: At present, there are probably sufficient nurses in Canada to give adequate nursing care to all who require it. However, because of the lack of community organization to provide both full and part time nursing service, a large percentage of ill people remain unserved. This applies principally to the non-hospitalized sick. The outstanding reasons mainly responsible are:

Lack of knowledge of available services: Even in communities where there is adequate provision for all types of nursing care, people go unserved because sufficient publicity is not given to existing resources.

The Present Distribution of Nursing Services:

(a) Urban Communities: the urban population of Canada in the 1931 census was 5,572,058.

Registries: In the majority of urban communities, a centralized professional registry is non-existent.

Private Duty Nurses: Except in very small communities, there are sufficient private duty nurses.

Visiting Nursing Organizations: Only 24% of urban communities with a population of over 2000 have a visiting nursing service. It is recognized that a large percentage of ill people can be satisfactorily cared for by an efficient visiting nurse organization.

(b) Rural Areas: the rural population of Canada in the 1931 census was 4,804,728.

Registries: There are relatively few nurses registries serving rural communities.

Private Duty Nurses: This service from the standpoint of availability is very inadequate. Many rural districts have not even one resident trained nurse.

Visiting Nursing Organizations: This service is practically negligible in rural areas.

The inability of people to pay for an adequate nursing service: This requires no explanation. The high cost of medical care is an established fact, and as skilled nursing care is an integral part of medical care, financial reasons prevent a considerable number of ill people receiving efficient and necessary nursing attention.

Existing Conditions which Require Further Investigation: In 1929 a survey of nursing needs in Canada was made under the joint auspices of the Canadian Medical Association and the Canadian Nurses Association. In the published report, *(Survey of Nursing Education in Canada*, George M. Weir, D. Paed., University of Toronto Press, 1932), the following conditions were revealed. The findings of a recent survey in Ontario were similar, indicating that the conditions have not changed materially during the last few years.

1. According to medical evidence, fewer than 38% of the patients in the average Canadian community who need the services of a trained nurse are able to obtain them, while the others, 62% of the cases of average acute illness, are cared for by untrained attendants.

2. There is ample evidence that only 3 out of 8 people of moderate means who require skilled nursing care, are able to pay for such service where it is available. Even a relatively brief period, two months for instance, of payment for nursing service in hospital or home imposes a serious financial handicap with resultant debt from which recovery is difficult and in some cases impossible. This does not mean that the charge for the service is excessive, since the Survey disclosed that the average annual salary of the private duty nurse (in the year 1929) was approximately $1,000.00. The problem is an economic one for families of moderate means, which apparently can only be solved by a definite plan to replace the present lack of system for the provision of nursing care.

3. One of the chief anomalies in the health situation in Canada today is the fact that over 90% of the trained nursing services are readily obtainable in a geographical sense by only about 46% of the population. This points to the fact that a large majority of rural communities are practically without skilled nursing care. The total number of registered nurses in Canada might be sufficient if properly distributed, to provide care for the health and sickness needs in all communities. The necessary distribution cannot be effected without some definite plan, as the average rural community is unable, of itself, and few of its members are able individually to provide financially for such service.

Recommendations

The Canadian Nurses Association is of the opinion that a form of Health Insurance which included as an integral part of the medical care adequate provision for nursing service, would assist in meeting effectively many of the existing nursing needs of both urban and rural communities.

Since the Canadian Nurses Association is a federation of the nine Provincial Associations of Registered Nurses and each Provincial Association is organized in the individual province it represents, the following recommendations will apply to any Federal or any Provincial movement toward health insurance from the standpoint of national or provincial organization.

1. That before Health Insurance is applied to Canada as a whole or to any province in Canada, a complete survey of all health services be first undertaken.

2. That, if and when legislation for Health Insurance makes provision for medical service to the insured, nursing service should be included.

3. That the importance of the preventive aspect be stressed and that it be included under the administrative control of the Health Insurance plan, in co-operation with the constituted health authorities.

4. That, in the set-up for the administration of Health Insurance, the organized nursing profession be afforded an opportunity of serving in an advisory capacity on all questions relating to nursing service.

5. That, if and when Regulations for Health Insurance are being drafted the organized nursing profession be permitted to discuss the nursing aspects of the plan.

In conclusion, the Canadian Nurses Association wishes to express its very grateful appreciation to the Royal Commission on Dominion-Provincial Relations for granting to the Association the privilege of presenting this brief.

All of which is respectfully submitted,

Ruby M. Simpson,
President.

Jean S. Wilson,
Executive Secretary.

Jean I. Gunn,
Chairman, Health Insurance and Nursing Service Committee.

OBITUARY

PHILLIPS

A long and useful career, spent in the service of the community, came to an end when the death occurred on May 22, 1938, of Lillian C. Phillips. Prior to her retirement in 1933, Miss Phillips served for thirty-three years as superintendent of the Montreal Foundling and Baby Hospital. She also directed the Argyle School for the training of children's nurses, an activity in which she took great interest. The first milk station in Montreal was organized through her efforts and, in addition to her child welfare activities, she was among the leaders who were instrumental in the founding of the Association of Registered Nurses of the Province of Quebec, of which body she was honorary secretary-treasurer for a number of years. She was also president of the Montreal Graduate Nurses Association for eighteen years.

HALL —

The death occured recently in Drumheller, Alta., of Mrs. Florence Hall, (Florence Bradley), a graduate of the Saskatoon City Hospital and a member of the class of 1915.

UNPROFESSIONAL CONDUCT?

I have been much interested in the discussion on 'Unprofessional Conduct' which has appeared in the *Journal* during recent months. The suggestion has been made that members of the nursing profession must maintain a higher standard of conduct than members of other professions. But is it not time that we realize that nursing is a profession among professions, and that its ethical standards are those required in any other professional group? There has been a tendency, probably because of the "clouds of glory" which nursing inherited from its pioneers, to consider it more in the nature of a 'calling'. This attitude towards nursing is a detriment. Until nurses themselves (and the public generally), realize that it is as much a profession as teaching, it will not be possible to make the preparation for nursing anything more than the apprenticeship, which speaking generally, it is at present. If anyone feels that emphasizing nursing as a profession tends to divert nurses from the spirit of service it is only necessary to remember that the only true basis of any profession, is service.

Another aspect of the subject was introduced by a correspondent who seemed to imply that the ethical standard of nurses is deteriorating. This is a topic on which it is rather difficult to come to definite conclusions. Ethics is a very complex subject, and it is easy to have one's thinking coloured by personal experience. I should like to ask a number of questions involving some of the points by which a nurse's ethical standard may be judge!

Does she boil equipment the required length of time in order to sterilize it?

Is her clinical record work accurate?

Does she support the doctor in the treatment he prescribes or does she wonder (audibly) whether something Dr. So-and-So ordered for another case she was on, wouldn't be better?

Does she respect her patient's confidence?

It may be quite true that certain fairly common practices, smoking for example, are more prevalent among nurses today than they were a decade or two ago. This could hardly be cited as an example of deteriorated nursing standards, since the change is this respect simply reflects the change in society as a whole. In Riddell House, the new residence for the nurses of St. Thomas's Hospital, a room for smoking has been planned. Perhaps Florence Nightingale would not have approved of this. Yet it is true that if she were trying today to establish a training school, the very class of young women whom she would consider desirable as nurses would regard smoking as a quite proper and conventional habit.

All this may sound as though I thought nurses are very like other professional women, and that they are worthy of the nursing profession if their ideal of service is just as high and as honestly carried into practice as it is by truly professional people everywhere. I hope that is the impression my words do give, for that's exactly what I do think!

Grace Giles,

Toronto General Hospital

ETERNAL BABY!

E. Railton, Toronto.

The ethered air is rent with piercing cry,
The babe is born and he may well ask why,
He now must live, and nevermore may die,
So drop the silver nitrate in each eye.

Anoint this tender thing with olive oil,
He is the looked-for end of this night's toil,
The force of Nature none can ever foil,
So give him now to Grandmamma to spoil.

NEWS NOTES

ALBERTA

EDMONTON:

Miss Ella Howard, a member of the class of 1937, was awarded the scholarship offered by the Alumnae Association of the Royal Alexandra Hospital, Edmonton. Miss Howard proposes to take the course in teaching and supervision at the School of Nursing, McGill University.

Miss Ida Johnson and Miss Mary Stewart, of the staff of the Royal Alexandra Hospital, will attend the Biennial Meeting of the Canadian Nurses Association in Halifax.

BRITISH COLUMBIA

NEW WESTMINSTER:

The New Westminster Graduate Nurses Association has completed another year—one which has shown an increase in membership, activities, interest and enthusiasm. The emergency fund has been increased by the proceeds from bazaars, raffles and sponsoring a play. The fund tries to provide special nurses for cases needing such care and unable to procure it otherwise.

The following officers were elected for the ensuing year: President, Miss I. Garrick; first vice-president, Miss A. Larson; second vice-president, Miss E. Wrightman; secretary, Miss C. Stewart, 830—4th St.; treasurer, Miss M. Lemon; committee conveners: membership, Miss V. Matheson and Miss L. Brodie; floral and visiting, Miss Power, Miss Lyle and Miss Gutteridge; ways and means, Miss Prentice, Miss Stowe and Miss Gutteridge; educational, Miss Blomberg and Miss McCormack; representative to *The Canadian Nurse*, Miss Ward and Miss Naven.

NEW WESTMINSTER:

The thirty-eighth graduation since the founding of the School for Nurses of the Royal Columbian Hospital took place recenty. Twenty-two nurses received diplomas. The valedictory address was read by Miss Miriam A. Coone and special awards were as follows: Miss Phyllis Drew, of Victoria, medal for general proficiency; Miss Florence Weaver, of New Westminster, the surgical medal; and Miss Gerda Krag, of North Vancouver, the award for the highest average.

Miss Margaret Thatcher has resigned from the position of Matron of the Elizabeth Bruce Memorial Hospital, Invermere; B. C.

VANCOUVER:

Sixty-one members of the graduating class of the Vancouver General Hospital and six affiliated nurses from the Kelowna General Hospital recently received their diplomas. The valedictory address was given by Miss Pauline McMartin. The R. E. McKachnie Medal for general proficiency was awarded to Miss Nancy S. Boulton. Other medals, scholarships and prizes were awarded to: Miss Ida L. Nancekwell, Miss Evelyn Erickson, Miss Vivian M. Glenn, Miss Margaret J. Stevens, Miss Joan M. Davenport, Miss Pauline McMartin, Miss Dorothy Bruce, and Miss Vera Powell.

Married: Recently, Miss Margaret Ruth Swanson (V.G.M.) to Dr. Norman Jones.

MANITOBA

FLIN FLON:

Twenty graduates of schools of nursing in England, United States and many cities in Canada, who are now making their homes in the mining town of Flin Flon, gathered together recently to discuss the formation of a graduate nurses association. Mrs. Isabelle Akert presided and Miss J. G. Stothart, supervisor, Manitoba Department of Health, was guest speaker. She combined a keen insight into nursing needs and problems with the experience gained as an active member of the Manitoba Association of Registered Nurses and as a participant in inaugurating other associations. The following nurses were present: Miss Dora Peterson, Mrs. Isobel (Flemming) MacLean, Mrs. Evelyn (Thompson) Mearns, Mrs. Amy (Burdette) Dahlgren, Mrs. Grace (Montgomery) Stinson, of the General Hospital, Winnipeg, Mrs. Edna May (Quinn) Martin, Mrs. Irene (Judd) McGilvrary, of the Children's Hospital, Winnipeg; Mrs. Mae (Rutley) Wright, Miss Vivian Coyne, Miss Lorna McInnes, of the St. Boniface Hospital. St. Boniface; Mrs. Peggy (Shomperlin) Barker, Dauphin General Hospital, Dauphin; Mrs. Grace C. Fraser, Fulham Road, London, England; Mrs. Isabelle

Palm Beach WHITE Shoe Cleaner goes farther—so Costs Less—25c a Bottle

(Burns) Akert, Roosevelt Hospital, New York City; Mrs. Frances (Chelmick) Willis, St. Eugene Hospital, Cranbrook, B. C.; Mrs. Cora (Hamre) Iverson, Fairview Hospital, Minneapolis, Minn.; Mrs. Mary (Skelly) Wilson, Riverdale Hospital, Toronto; Miss L. Charlebois, Saskatoon Provincial Hospital, Saskatoon; Miss Ruby McSorly, Brandon General Hospital, Brandon; Miss Frances King, Toronto General Hospital, Toronto. Officers were appointed as follows: Honorary president, Miss J. G. Stothart, president, Mrs. Edna May Martin; vice-president, Mrs. Frances Willis; secretary-treasurer, Mrs. Margaret Barker; programme convener, Mrs. Mary Wilson; social convener, Mrs. Isabelle Akert; press, Mrs. Isobel MacLean.

ST. BONIFACE:

Miss Vera Margarson, a graduate of the School of Nursing of the St. Boniface Hospital, has accepted the position of superintendent of the Morden Free Mason Hospital.

NEW BRUNSWICK

MONCTON:

A meeting of the Local Chapter of the New Brunswick Association of Registered Nurses was held recently at which the nomination of executive officers took place. The Chapter entertained at a dinner dance in honour of the graduating class of the Moncton General Hospital on the night following the graduating exercises.

NOVA SCOTIA

HALIFAX:

The Alumnae Association of the Halifax Infirmary held a meeting recently at which the subject of the eight-hour day for nurses was fully discussed and the principle was unanimously endorsed. It was considered that it would be of benefit in an institution to the patient, the hospital and to the nurses themselves. Sister Catherine Gerard of the Infirmary nursing staff, gave a lecture on the recent advances in lavage technique, demonstrating the Wangensteen method, with the aid of one of the nurses, who volunteered as a subject. Considerable business was also transacted.

Miss Margaret MacLean (H. I.) has accepted a postion on the staff of the Hamilton Hospital, North Sydney. Miss Doris Gaudet (H. I., 1936) and Miss Mae Melanson (H. I., 1938) were recently appointed to the staff of the Dawson Memorial Hospital, Bridgewater, N. S.

HALIFAX:

Married: Recently, Miss Eleanor Grew (H. S. C., 1923) to Dr. T. B. Acker.

HIGH ACID-COMBINING POWER
WITHOUT "ACID REBOUND"

The fact that Phillips' Milk of Magnesia effectively controls excess acidity and yet contains no carbonates or bicarbonates is assurance of a more lasting effect than that obtained when CO_2 is liberated in the stomach.

Where frequent antacid medication is required, Phillips' Milk of Magnesia Tablets offer the advantages of portability and convenience. Each tablet is equivalent to a teaspoonful of Phillips' Milk of Magnesia (liquid).

In this new convenient form the day's dosage may be carried about in purse or pocket, and regularity of dosage is therefore assured.

Dosage:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).

We will send you professional package upon request.

PHILLIPS'
Milk of Magnesia

The Chas. H. Phillips Chemical Co.
Windsor, Ontario.

WANTED

Nurse with laboratory training and experience.

Apply, stating qualifications, to

The Superintendent,
St. Michael's General Hospital,
Lethbridge, Alta.

ONTARIO

Districts 2 and 3

Brantford:

Miss Hilda D. Muir has returned to the Brantford General Hospital after relieving for six weeks as one of the assistants in the operating room of the Post-Graduate Hospital, New York. Miss Dorothy Herson has returned from St. Joseph's Hospital, Phoenix, Arizona, where she had been doing general duty. At a meeting of the Alumnae Association of the Brantford General Hospital plans were formulated for the dinner and dance given in honour of the graduating class. Miss Lorene Raines was convener of the arrangements committee.

Owen Sound:

The district meeting of the Registered Nurses Association of Ontario took place at Owen Sound on June 22.

The Alumnae Association of the Owen Sound General and Marine Hospital met recently to hold their annual banquet commemorating the year the first nurses graduated from the Hospital—now thirty-five years ago. Two hundred and six names were called, outside graduates responding with the name of their schools. Miss Jean Masten, supervisor of the surgical wards in the Sick Children's Hospital, Toronto, spoke on the orthopedic work done in connection with the poliomyelitis epidemic in Ontario last year. Miss Sehl, the president of the Association, welcomed the guests and introduced Miss R. M. Beamish, the superintendent.

Miss J. Close (Owen Sound General and Marine Hospital, 1938) is taking a post-graduate course at the Royal Victoria Hospital, Montreal. Three undergraduate nurses of the Owen Sound General and Marine Hospital are taking affiliation work in pediatrics at Detroit.

Married: Recently, Miss A. Morrison (Owen Sound General and Marine Hospital, 1936) to Mr. Peddit.

Married: Recently, Miss R. Shipley (Owen Sound General and Marine Hospital, 1928) to Mr. Cation.

District 4

St. Catharines:

A series of six lectures in psychiatry was completed in June at the Leonard Nurses Home. The lectures were given by Dr. Brillinger of the Ontario Hospital, Hamilton.

The Alumnae Association of the Mack Training School entertained the graduating class at a dinner and dance in the Welland Home. The Association also sponsored a delightful bridge party recently. The guests were received by Miss A. Wright, superintendent of the Hospital, and Miss Nell Hodgins, president of the Alumnae Association.

District 5

Whitby:

A general meeting of District 5, R.N.A.O., was held recently at the Ontario Hospital, Whitby. Over one hundred nurses were present. Miss Sharp and her staff welcomed the guests. Following an interesting tour of the buildings, brief section meetings were held. Miss Irene Weirs, chairman of the district, presided at the evening session. In her opening remarks, Miss Weirs expressed the gratitude and appreciation of District 5 for the opportunity of coming to Whitby and for the kind hospitality. She also extended a cordial welcome to student nurses who were present, representing several of the schools for nurses within the district. Dr. D. R. Fletcher of the hospital, also welcomed the nurses and gave a brief talk, offering from his experience, some helpful and thought-provoking remarks on nursing.

"Mental hygiene aspects in the care of children with illness of long duration" was the subject of a most instructive discourse given by Dr. J. D. Griffin of the Hospital for Sick Children, Toronto. The occupational programme as planned and carried out for the post-polimyelitis cases was outlined in detail and illustrated by use of lantern slides.

The business of the meeting occupied the final part of the program, highlights of

which were, Miss Weirs' excellent report of the recent meeting of the R. N. A. O. at Kingston and the report of *The Canadian Nurse* exhibit, an achievement rendering much satisfaction to this district for the opportunity of sponsoring it.

TORONTO:

The graduation of the School of Nursing of the Hospital for Sick Children took place recently at Convocation Hall. Dean Riley gave the address and Mrs. R. Laidlaw presented the diplomas. Several entertainments were given in honour of the graduates including two dances, a dinner given by the Alumnae Association and a tea for the graduates and their mothers by the staff of the Hospital.

Miss Gladys Cooper (H. S. C., 1923) has accepted a position on the staff of the Galt General Hospital. Miss Winnifred Armstrong (H.S.C., 1935) has accepted a position at St. Mary's Hospital for Babies, Albany, N. Y.

Miss Isobel Cation (H.S.C., 1937) has been awarded the Florence Potts Scholarship given by the Alumnae Association of the Hospital for Sick Children.

Married: Recently, Miss Dorothy Pound (H.S.C., 1936) to Mr. Robert Leonard.

TORONTO:

A meeting of the Alumnae Association of the Toronto Western Hospital was held recently with a large number in attendance. Miss Gladys Sharpe presided. Following the business meeting two very fine addresses were given; one by Miss Weirs who spoke on the Registered Nurses Association of Ontario, and one by Miss Lenna Smith who gave an excellent report of the convention recently held in Kingston. The members of the graduating class were then introduced to the members of the Association and a social hour concluded the evening.

The graduating exercises of the School for Nurses, Toronto Western Hospital, were held recently at Convocation Hall. Following the invocation given by Rev. J. M. Crissall, a short address was given by Mr. A. Fasken, K. C. and Chairman of the Board of Governors. Miss Beatrice L. Ellis, superintendent of nurses, gave a report of the activities of the hospital and the merits of the graduating class. After an address given by His Honour, the Lieutenant Governor of Ontario, Mr. Albert Mathews, Mrs. Mathews presented the diplomas and pins to the graduates.

TORONTO:

The Alumnae Association of the Women's College Hospital gave a dinner in honour of the graduating class. The guest speaker of the evening was Miss Ziegler, who chose

THE MACMILLAN COMPANY OF CANADA LIMITED
70 Bond St. Toronto

WAYLAND
The Hospital Head Nurse $3.50

NOW READY

NEW EDITIONS COMING

Bancroft-Pierce-Cutler: Pediatric Nursing $3.00
Fifth Edition—Probably July
Frederick-Northam: Textbook of Nursing Practice $3.25
Second Edition—Probably July
Kimber, Gray & Stackpole: Textbook of Anatomy & Physiology $3.00
Tenth Edition—Probably June
Proudfit: Nutrition and Diet Therapy $3.00
Seventh Edition—Probably July
Sclare: Mental Nursing $1.75
June
Jamieson: Illustrations of Regional Anatomy for Nurses $2.25

Hamilton General Hospital

The Golden Jubilee of the School of Nursing of the Hamilton General Hospital will take place in June, 1940. Will all graduates of this School kindly send their present addresses (and those of their classmates) to the Secretary of the Alumnae Association, in care of the Training School Office,

Hamilton General Hospital
HAMILTON, ONT.

Just Off the Press!

- **Averill & Kempf**—"Psychology Applied to Nursing" 471 pages; 46 illus. $3.00
- **Goodnow**—"Outlines of Nursing History" 6th ed., 489 pages; 153 illus. $3.50
- **Krueger**—"Elementary Materia Medica" 3rd ed., 327 pages; illustrated. $2.35

McAinsh & Co. Limited

Dealers in Good Books Since 1885

388 YONGE ST. TORONTO

The American Hospital Bureau

1825 Empire State Building
New York City

Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Supervisors, Anaesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally verified.

C. M. Powell, R. N., Director

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses
at any hour
DAY or NIGHT
TELEPHONE Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West, TORONTO
HELEN CARRUTHERS, Reg. N.

Identification

Is easy with CASH'S WOVEN NAMES. Sewn on or attached with Cash's No-So Cement. Most Hospitals, Institutions, and Nurses use them in preference to all other methods. They are the sanitary, permanent, economical method of marking.

CASH'S 238 Grier St., Belleville, Ont.

CASH'S NAMES 3 doz - $1.50 6 doz - $2.00 9 doz - $2.50 12 doz $3.00 NO SO Cement 25¢ a tube

as her subject, 'My duty as a citizen". This address was much appreciated and enjoyed.

District 6

BELLEVILLE:

At a recent meeting of Chapter A, District 6, Miss Fitzgerald gave an interesting talk on "The nurse's obligations to the R. N. A. O.."

PETERBOROUGH:

Chapter C. District 6, R. N. A. O., met recently at the Nicholls Hospital, and a lecture by Dr. Mitchell on the use of oxygen in the cardiac case was much appreciated. The lecture was illustrated by slides, showing different types of oxygen tents and appliances.

Miss E. Young and Miss L. Stewart have gone to England and Scotland for four months of post-graduate work. Miss Walsh, formerly assistant superintendent, Nicholls Hospital, is now superintendent in the Hospital at Renfrew.

LINDSAY:

Miss D. L. Baker has returned after a pleasant holiday in Scotland. A meeting of the Alumnae Association was held recently at which a report of the annual meeting of the R.N.A.O. was given by Miss A. Flett. Following the meeting Miss Anna Roache, a bride-elect, was tendered a miscellaneous shower and a delightful social hour was spent.

District 8

CORNWALL:

A general meeting of District 8, Registered Nurses Association of Ontario, was held recently at the Hotel Dieu Hospital, Cornwall, with 116 nurses present from Ottawa, Pembroke, Alexandria, Lancaster Hawkesbury, Cornwall and other nearby towns. Miss A. G. Tanner, chairman of District 8, presided and greetings were received from Miss M. Rowe, chairman of the Cornwall Chapter of District 8 and from Dr. Emard, Mayor of Cornwall. The luncheon at the Cornwallis Hotel was presided over by Miss Rowe. Dr. M. A. Kelly, on behalf of the Cornwall Medical Society and Mr. F. B. Brownridge, M. L. A., for the Cornwall hospitals, extended a hearty welcome.

Dr. Trenholm L. Fisher and Dr. T. Glen Stoddart, both of Ottawa, were the speakers of the meeting and their respective addresses on "The why of laboratory tests" and "X-ray examinations" were listened to with eager attention, the information imparted being of inestimable value and interest. The Sisters of the Hotel Dieu Hospital were

hostesses at a delightful tea at the close of the afternoon session.

CORNWALL:

A meeting of the registered nurses of Cornwall was held recently for the purpose of organizing a Chapter of District 8, R. N. A. O. There were fifty-four members present. Miss Grace Tanner, chairman of District 8, spoke about the organization in general and the benefits obtained through membership. Miss Jean Church, chairman of the Private Duty Section of the Canadian Nurses Association, gave a very interesting talk on private duty activities. Miss Daisy Lodge, assistant supervisor, Victorian Order of Nurses, Ottawa, spoke on public health activities. The following officers were elected: Chairman, Miss M. Rowe; vice-chairman, Miss L. MacDowell; secretary-treasurer, Miss C. Droppo. The members were entertained at tea by the Sisters of the Hotel Dieu Hospital.

PEMBROKE:

A chapter of District 8, R. N. A. O., was organized recently at Pembroke. The following officers were elected: Chairman, Miss S. Margaret Jamieson; vice-chairman, Sister Evangeline; secretary-treasurer, Miss E. Young, Miss Grace Tanner, chairman, District 8, R. N. A. O., gave an interesting talk, illustrated by charts, on the benefits and privileges of holding membership in the Registered Nurses Association of Ontario. Miss Gertrude Ferguson, Miss Daisy Lodge and Miss Mayme Downey also gave instructive addresses on various activities of the Association. An address, illustrated with slides taken during the Great War, was given by Mr. Ives, X-ray Technician. These photographs were secured by Mr. Ives while serving at Saloniki, and his illuminating talk vividly portrayed conditions as they were at that time.

OTTAWA:

The closing meeting of the Private Duty Group of District 8, R. N. A. O., was held in the form of a supper, with Miss Dorothy Ogilvie in the chair. There were seventy-three present. An interesting report of the recent meeting of the R. N. A. O. was given by Miss Gertrude Ferguson. Miss Estelle Desormeaux read a report of the activities of the private duty groups. Miss Mollie Black, of the Public Health Section, gave a most instructive paper on poliomyelitis in the home. Votes of thanks were moved by Miss Juliette Robert and Miss Grace Tanner. The opening fall meeting will be held in October.

A series of lectures on child psychology was given recently by Dr. W. E. Blatz of

"ANTI-COLIC" Rubber Caps, No. 150
Keep Baby's Food Sanitary

Make Bottles LEAK-PROOF in any position

The Tab makes it easy to put Cap on or off.

The Air-tight Closure protects Contents and Rim of Bottle from dust and germs.

Made by
Seiberling Rubber Co.
Toronto, Ont., Canada

(Amber Pure Gum)
at All Drug Stores
Hospitals Supplied by Wholesale Houses

(Free Sample to Nurses and Hospitals in Canada)

The Ideal Aperient for Babies and Children

STEEDMAN'S
From Teething to Teens POWDERS

Experienced Nurses know that these famous English powders are ideal for fretful babies—during teething—to relieve feverishness and constipation—whenever a safe and gentle laxative is needed. Free samples gladly supplied, also copies of concise practical booklet, "Hints to Mothers." Address JOHN STEEDMAN & CO., Dept. 10, 442 St. Gabriel Street, Montreal.

THE MANITOBA NURSES' CENTRAL DIRECTORY
Phone 72 151
214 BALMORAL STREET
WINNIPEG, MAN.

APPETITES RESPOND

to the tempting flavor of VI-TONE when other inducements fail. A gentle restorative containing complete proteins—widely approved for the convalescent. Food, tonic, and beverage—delicious hot or cold.

VI-TONE

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 12th, 13th, and 14th, 1938.
Names of candidates for this examination must be in the office of the Registrar not later than August 13th, 1938.

Full particulars may be obtained from:

HELEN RANDAL, R. N., REGISTRAR
520 Vancouver Block Vancouver, B. C.

Toronto. These lectures were under the auspices of the Nurse Education Group, District 8, R. N. A. O. The lectures were thoroughly enjoyed by all who were privileged to attend, and the undertaking proved a huge success.

OTTAWA:

The annual "At Home" of the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital was held recently in the Nurses Residence. A large number of the graduates of the School were present.

The members of the graduating class of 1938 were entertained recently by the Alumnae Association of the Ottawa Civic Hospital. The Association also gave a dinner in their honour.

QUEBEC

MONTREAL:

The Montreal Association of the Metropolitan Life Insurance Company Nurses recently held a meeting with Miss S. Leduc presiding. She extended a hearty welcome to Miss Mary Johnson who is Assistant Director of the Nursing Division of the Metropolitan Life Insurance Company at its head office in New York. Miss Johnson spoke briefly on the nurse's scale of rating and Miss H. Beaudet gave an interesting address on nutrition. A résumé of activities for the past year showed how much the nurses have done outside of their regular work. Time has also been given to sports such as tennis and golf, so it is quite apparent that the Metropolitan Nurses are up-to-date and believe in staying young. Before closing the meeting, Miss Johnson presented a medal to Miss H. Beaudet for her fifteen years of faithful service to the Company. Her fellow nurses presented her with a souvenir of the happy occasion, which closed with the singing of "Elle a gagné ses épaulettes."

MONTREAL:

On May 29, the nursing staff of the Royal Victoria Hospital gave a farewell tea for Miss Hersey. About one hundred and fifty guests were present. The tea table was decorated attractively with pink roses and snap dragons. In the centre of the table was placed a large cake with thirty lighted candles, one for each year of Miss Hersey's term of office. Receiving with Miss Hersey were Miss G. Martin and Miss E. Allder.

Married: Recently, Miss Cicely Jack (R. V. H., 1938) to Mr. George Mitchell.

Married: Recently, Miss Phyllis MacFarlane (R. V. H., 1930) to Mr. John Brown.

Married: Recently, Miss Catherine M. Macdonald (R. V. H., 1937) to Mr. John MacAskill.

Married: Miss Isobel Turnbull (R. V. H., 1934) to Mr. J. Chittick.

MONTREAL:

Miss Evelyne Gauvin, Reg. N., has been chosen as a delegate of the Alumnae Association of the Notre-Dame Hospital to the Biennial Meeting of the Canadian Nurses Association in Halifax.

MONTREAL:

On June 7, the President of the Montreal General Hospital, Mr. J. C. Newman, presented forty-seven nurses with their medals and diplomas. Dr. S. Hanford McKee gave an inspiring address to the graduating class. On the evening previous to graduation, the members of the graduating class attended a dinner given in their honor by the Alumnae Association of the Montreal General Hospital. Among the guests at the head table was Miss C. Walker of the London Hospital, England. Miss Mary Mathewson, president of the Alumnae Association, proposed the toast to the King and gave the address of welcome to the young graduates. Miss B. Burch toasted the graduating class and Miss Mary Waller responded. Miss Carol Neal (Spring, 1938) and Miss Helen L. McElhanney (Autumn, 1938) gave the class prophecy. Miss Margaret Denniston proposed the toast to "Our Doctors", and Miss W. Cooke to absent friends.

Miss Agnes Tennant (M.G.H., 1934) received the Bachelor of Arts degree combined with a certificate for teaching in schools of

(Continued on page 392)

Official Directory

International Council of Nurses

Executive Secretary, Miss Anna Schwarzenberg, 31 Palace Street, London, S.W.1., England.

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;***
(2) ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;***
(4) ***Chairman, Private Duty Section.***

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss K. Jamer, Victoria General Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 1301-15th Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, Ste. 1019 Medical Arts Bldg., Montreal; TREASURER: Miss A. J. MacLeod, University Hospital, Edmonton, Alta.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba.** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton, **Nova Scotia:** Miss K. Jamer, Victoria General Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw.

PRIVATE DUTY SECTION

CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; FIRST VICE-CHAIRMAN: Miss K. B. MacCallum, 181 Enfield Crescent, Norwood, Man.; SECOND VICE-CHAIRMAN: Miss Helen Cameron, 2165 Lincoln Ave., Apt. 8, Montreal, SECRETARY-TREASURER: Miss Mary Ingram, Royal Ottawa Sanatorium, Ottawa.

COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss M. Teulon, 4237 Granville St., Vancouver. **Manitoba:** Miss T. Greville, 797 Broadway Ave., Winnipeg. **New Brunswick:** Miss K. Lawson, 84 Wright St., Saint John. **Nova Scotia:** Miss Anna Brenan, 53 Pine St., Dartmouth. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Miss G. MacGuigan, Charlottetown **Quebec:** To be appointed. **Saskatchewan:** Miss Helen Jolly, 1301 15th Ave., Regina.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 383 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor, **Ontario:** Miss M. Hoy, 27 Giles Blvd., Windsor. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss D. Hopkins, Box 568, Estevan.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4th St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital; Vice-President, Miss M. Duffield; Secretary, Miss F. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randel 520 Vancouver Block, Vancouver; *Councillors*: Miss E. Clarke, New Westminster; Miss L. Mitchell, Victoria; Miss Helen Randal, Miss K. I. Sanderson, Vancouver; Sister Mary Beatrice, Victoria; *Conveners of Sections; Nursing Education*, Miss A. Cavers, Vancouver General Hospital; *Public Health*, Miss M. E. Kerr, Eburne; *Private Duty*, Miss M. Teulon, Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Rev. Sister St. Irma; Third Vice-President, Miss D. Muir; Hon. Secretary, Miss Lynette Gunn; *Members of Board*: Miss T. Wiggins, Winnipeg General Hospital, Miss D. Muir, Brandon Mental Hospital, Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss C. Day, Children's Hospital, Winnipeg, Miss J. Morrison, 122 Ethelbert St., Winnipeg, Miss J. Archibald, Shriners' Hospital, Winnipeg, Miss M. Wilkins, 753 Wolseley Ave., Winnipeg, Rev. Sister Clermont, St. Boniface Hospital, Miss Alice Laporte, St. Boniface Health Unit, Miss L. Gunn, 604 Medical Arts Bldg., Winnipeg, Miss F. Rowell, Dauphin, Miss F. Roach, St. Boniface; *Conveners of Sections*: *Nursing Education*, Miss F. Roach, St. Boniface Hospital, St. Boniface; *Public Health*, Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; *Private Duty*, Miss T. Greville, 797 Broadway, Winnipeg; *Conveners of Committees*: *Social*, Miss K. McLearn, Shriners' Hospital, *Visiting*, Miss M. Baldwin, Grace Hospital; *Press*, Miss E. Margarson, 107 Smithfield Ave., Winnipeg; *Membership*, Miss K. McCallun, 181 Enfield Crescent, Winnipeg; *Library*, Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg; *Finance*, Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation*, Miss R. Dickie; *Representative to*: *The Canadian Nurse*, Miss Pearl Brownell, 215 Chestnut St., Winnipeg; Secretary-treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Mrs. A. Woodcock; Hon. Sec., Sister Kenny; *Councillors*: Miss F. Breau, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss McMullen and Miss Boyd, St. Stephen; Miss M. Myers, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. Burns; *Conveners of Committees*: *Legislation*, Miss H. Dykeman; *Representative to The Canadian Nurse*, Miss L. Smith.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-Pres., Miss Edith Fenton; Sec. Vice-Pres., Miss Lenta Hall; Third Vice-Pres., Sister Anna Seton; Rec. Secretary, Miss Mary Saxton; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax. *Representative* to *The Canadian Nurse*: Miss Katherine Jamer.

ONTARIO

Registered Nurses Association of Ontario

President, Miss C. Brewster; First Vice-President, Miss J. L. Church; Second Vice-President, Miss M. I. Walker; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks Street, Toronto; *Chairmen of Sections*: *Nurse Education*, Miss R. M. Beamish, General and Marine Hospital, Owen Sound; *Private Duty*, Miss M. Baker, 249 Victoria Street, London; *Public Health*, Miss M. Hoy, 27 Giles Blvd., Windsor; *Chairmen of Districts*: Miss D. Shaw, Miss S. A. Campbell, Miss I. MacIntosh, Miss I. Weirs, Miss E. Young, Miss M. F. Bliss, Miss A. G. Tanner, Miss H. E. Smith, Miss V. Belluz.

District 1

Chairman, Miss D. Shaw; Vice-Chairman, Miss L. Horwood; Secretary-Treasurer, Miss L. Langford, 555 N. Christina St., Sarnia; *Councillors*: Misses A. Campbell, A. Claypole, L. Pettypiece, J. Paul, I. Murray, B. Young; *Convenors*: *Nursing Education*, Miss M. Smith; *Private Duty*, Miss T. Mosey; *Public Health*, Miss E. Cummings; *Permanent Education*, Mrs. H. Smith; *Publications*, Miss N. Williams; *Membership*, Adjutant Barr.

Districts 2 and 3

Chairman, Miss S. A. Campbell; First Vice-Chairman, Miss F. Ashplant; Second Vice-Chairman, Miss D. Arnold; Sec.-treas., Miss H. D. Muir, Brantford General Hospital, Brantford; *Councillors*: Misses L. Ferguson, M. Costello, G. May-

nard, M. Meggitt, M. McCorkindale, Mrs. E. Cowie; *Conveners: Nursing Education*, Miss P. Bluett; *Public Health*, Miss A. Fennell; *Private Duty*, Mrs. Elizabeth Sebire.

District 4

Chairman, Miss I. M. MacIntosh; First Vice-Chairman, Miss A. Boyd; Sec. Vice-Chariman, Miss M. Buchanan; Sec.-treas., Miss C. Sheridan, 29 Augusta St., Hamilton; *Councillors*: Misses K. Turney, D. Scott, C. E. Brewster, A. Wright, C. McDonald, Rev. Sister M. Monica; *Conveners: Public Health Nursing*, Miss A. Oram; *Private Duty*, Miss S. Murray; *Nursing Education*, Miss G. Bamforth.

District 5

Chairman, Miss Irene Weirs; Vice-Chairman, Miss L. Gamble; Secretary-Treasurer, Miss K. McNamara, 48 Spruce Court, Spruce and Sumach; *Councillors*: Misses F. Matthews, M. Quinn, A. Neill, A. Schiesele, A. Thompson, E. Moore; *Committee Conveners: Private Duty*, Miss W. Hendrikz; *Nursing Education*, Miss E. Williams; *Public Health*, Miss L. Webb.

District 6

Chairman, Miss E. G. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge Street, Peterborough; *Committee Conveners: Private Duty*, Miss L. Ball; *Public Health*, Miss M. Poulson; *Nursing Education*, Miss H. Collier; *Membership*, Miss E. Earshman; *Publications*, Miss E. Young.

District 7

Chairman, Miss M. F. Bliss; Vice-Chairman, Miss A. Baillie; Sec.-treas., Miss Dorothy Bluhm, Box 612, Smiths Falls; *Councillors*: Misses O. Wilson, V. Manders, G. Gore, Logan, J. Guest, O. McDermott; *Committee Conveners; Nursing Education;* Miss L. Acton; *Public Health*, Miss M. E. Ross; *Private Duty*, Miss A. Church; *Representative* to *The Canadian Nurse*, Miss O. McDermott.

District 8

Chairman, Miss Grace Tanner; Vice-Chairman, Miss Evelyn Pepper; Secretary, Miss E. Coon, Ottawa Civic Hospital; Treasurer, Miss E. Allen, 340 Somerset St. W., Ottawa; *Councillors*: Misses G. Clarke, J. Church, E. Webb, S. Carmichael, H. Wilson, D. Moxley; *Committee Conveners: Nursing Education*, Rev. Sister Madeline de Jesus; *Private Duty*, Miss D. Ogilvie; *Public Health*, Miss D. Lodge.

District 9

Chairman, Miss H. E. Smith; Vice-Chairman, Miss J. Smith; Sec., Miss R. Densmore, 199 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan; *Councillors*: Misses M. Clutchery, E. Bunn, J. Laing, E. Gordon, J. Thomas, B. Waldron; *Conveners of Sections: Private Duty*, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Philip; *Public Health*, Miss E. Franks.

District 10

Chairman, Miss Vera Belluz, St. Joseph's Hospital, Fort Arthur; First Vice-Chairman, Miss May Kirkpatrick; Secretary-treasurer, Miss Jessie Brown, McKellar Hospital, Fort William; *Councillors*: Rev. Sister Mélanie, Misses F. Hamm, Isobel McLellan; Maureen Gillick, Gladys Young, Fay Gleeson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss Florence Lavers, Summerside; Treasurer and Registrar: Rev. Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Recording Secretary*, Miss Hattie MacLaine, P. E. I. Hospital; *Conveners of Sections*: *Nursing Education*, Miss Anna Mair, P.E.I. Hospital; *Private Duty*, Miss G. Mac Guigan, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau, President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Misses Mabel K. Holt, Marion E. Nash, Miles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections*: *Private Duty* (English), to be appointed; *Private Duty* (French), Mlle Lucienne Daoust, 261-5eme avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (bi-lingual), Miss Ann Peverley, Department of Health, City of Westmount; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Buildings, 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Second Vice-President, Miss Edith Amas, Saskatoon City Hospital, Saskatoon; *Councillors*: Miss Matilda Diederichs, Regina Grey Nuns' Hospital, Regina; Miss Aubra Cleaver, Yorkton Queen Victoria Hospital, Yorkton; *Conveners of Standing Committees*: *Public Health*, Miss D. Hopkins, Box 568, Estevan; *Private Duty*, Miss Helen Jolly, 3128 College Ave., Regina; *Nursing Education*, Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Honorary President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss K. Morton; First Vice-Pres., Miss M. Diederichs; *Committee Conveners: Entertainment*, Miss H. Jolly; *Visiting*, Miss D. Grad; *Representatives to: Registry*, Miss D. Kerr; *The Canadian Nurse*, Miss D. Westhaver; Secretary, Miss E. Welsch, 2204 Wallace Street; Registrar-Treasurer, Miss L. Dahl.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Honorary Presidents: Miss Margaret MacDonald, R.R.C., L.L.D., Matron-in-Chief; Miss Edith Rayside, R.R.C., C.B.E., M.A.Sc., Matron-in-Chief, Canada; Mrs. G. Stuart Ramsey; President, Miss Laura M. Hubley, R.R.C., Halifax, N.S.; First Vice-President, Miss Margaret MacKenzie, R.R.C.; Second Vice-President, Miss Blanche Anderson; Third Vice-President, Mrs. John Turner (N/S A. M. Blackwell); Secretary-Treasurer, Miss Josie Cameron, 3 Coburg Apts., Halifax, N. S.

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss M. Deane-Freeman, 10033-107 St.; First Vice-President, Miss Mitchell; Second Vice-President, Miss Standing; Secretary, Miss J. Davidson, Royal Alexandra Hospital; Treasurer, Mrs. Chorley, 11748-95 St.; *Executive Committee*: Miss Gavin, Miss Owen, Miss Dickson; Registrar, Miss A. Sproule, 11138-Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Miss C. M. Clibborn; First Vice-Pres., Mrs. W. A. Fraser; Second Vice-Pres., Miss M. Huchcroft, Sec., Mrs. W. A. Isom, 44-8th St., N. E.; Treas., Mrs. W. J. Devlin; *Committee Conveners*: Membership, Mrs. M. Tobin; *Visiting*, Mrs. J. Keohane; *Representative*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss A. E. Pederson.

BRITISH COLUMBIA

Nelson Registered Nurses Association

Hon. President, Miss V. B. Eidt; President, Miss M. Ahier; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss E. Smith; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners*: *Ways and Means*, Miss M. Patterson; *Programme*, Miss L. McVicar; *Social*, Mrs. A. M. Banks; *Private Duty*, Miss P. Gansner; *Membership*, Mrs. T. Homersham; *Visiting*, Miss S. Keeler.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark; President, Miss I. Garrick; Vice-Pres., Miss A. Larson; Secretary, Miss C. Stewart, 830-4th St.; Treasurer, Miss M. Lemon; *Committee Conveners*: *Membership*, Misses B. Matheson, L. Brodie; *Ways and Means*, Misses Prentice, Stowe, Gutteridge; *Reresentatives* to *The Canadian Nurse*, Misses Ward, Naven.

Vancouver Graduate Nurses Association

President, Miss Mabel Gray, 3677-12th West; First Vice-President, Miss Olive Cotsworth, Vancouver General Hospital; Second Vice-President, Mrs. Beattie, Ioco; Secretary, Miss D. McDermott, 2525 York; Treasurer-registrar, Miss L. G. Archibald, 536-12th West; *Councillors*: Misses M. Motherwell, A. Reid, S. Gardiner, C. Cooper, K. Lee; *Committee Conveners*: *Programme*, Mrs. L. Dugdale; *Social*,, Miss H. Bartch; *Visiting*, Miss M. Wismer; *Directory*, Miss C. McKay; *Membership*, Miss J. Jamieson; *Representative*: to *The Canadian Nurse*, Miss A. Reid; to *Press*, Miss D. Stewart.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Mrs. H. G. Bothwell; First Vice-President, Miss E. Rossiter; Second Vice-President, Sister Mary Beatrice; Corr. Secretary, Miss E. D. Hickman, 1540 Jubilee Ave.; Treasurer, Miss C. Hellier; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses D. Frampton, M. Sangster, T. Locke, R. Kirkendale, A. Creasor.

MANITOBA

Brandon Graduate Nurses Association

Honorary President, Miss Birtles, O. B. E.; Honorary Vice-President, Mrs. W. H. Shillingham; President, Miss V. Vance; First Vice-Pres., Mrs. D. L. Johnson; Sec. Vice-Pres., Miss C. McIntee; Secretary, Miss E. Fotheringham, 2211 Rosser Ave.; Treasurer, Mrs. H. Alexander; Registrar, Miss C. Macleod; *Committee Conveners*: *Social*, Mrs. E. Hannah; *Visiting*, Mrs. G. Pearson; *Press*, Miss M. Peacock; *Representatives to*: *Citizen's Welfare*, Mrs. S. Perdue; *Private Duty Section*, Miss D. McCaw; *The Canadian Nurse*, Mrs. W. Kirkwood.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners*: *Social and Flower*, Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press*, Miss M. Fraser; *Representative* to *Local Council of Women*, Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Avenue; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. S. Bright; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop Street; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, E. Young; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Honorary President, Miss S. McDonald; Honorary Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Mrs. C. A. Choate; Second Vice-President, Miss L. Bibby; Recording Secretary, Mrs. M. Caffery; Corresponding Secretary, Miss P. Morrish, 21 Argyle Court; Treasurer, Mrs. F. Hammill; *Press Representative*, Miss Dorothy Thomas.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Mrs. H. Elwell; First Vice-Pres., Miss Deane-Freeman; Second Vice-Pres., Mrs. J. F. Thompson; Rec. Sec., Miss A. Henderson; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss L. Einarson; *Members of the Executive*: Misses Holm, G. Allyn, Fraser; *Committee Conveners*: *Visiting*, Miss I. Johnston; *Social*, Miss E. Fleming; *Programme*, Miss Sheldon; *News Letter*, Miss M. Fraser.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss H. Peters; President, Miss A. Dickson; First Vice-Pres., Miss R. Thompson; Second Vice-Pres., Miss D. Stephenson; Rec. Sec., Miss M. Hood; Corr. Sec., Miss C. Evenden, 11148-82 Ave.; Treasurer, Miss E. Campbell, University of Alberta Hospital; *Executive Committee*: Mrs. G. Aides, Misses I. Ross, M. Loggan.

A.A., Lamont Public Hospital, Lamont

Hon President, Mrs. M. A. R. Young; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treasurer, Mrs. B. I. Love, Lamont; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Miss Fyvie Young; Vice-Pres., Miss L. McCulloch; Rec. Sec., Miss M. Miller; Corr. Sec., Miss M. Barton; Treas., Miss C. Walker; *Committee Conveners*: *Visiting*, Mrs. F. Hobbs; *Social*, Miss M. Thornton; *Refreshment*, Miss C. Thomas; *Programme*, Miss A. Reid; *Representatives* to: *The Canadian Nurse*, Miss M. McPherson; *Press*, Miss G. Wallbridge; *V. G. N. A.*, Miss E. Matheson; *Mutual Benefit Association*, Miss D. Bulloch.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. Russell; First Vice-President, Miss R. Kirkendale; Second Vice-President, Mrs. G. M. Duncan; Secretary, Miss V. Freeman, 501 Niagara St.; Assist-Secretary, Miss E. Rossiter; Treasurer, Mrs. A. Dowell, 30 Howe St.; *Committee Conveners; Social*, Mrs. Daniels; *Visiting*, Miss E. Mewman; *Press*, Miss M. Dickson.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Krause; Hon. Vice-President, Mrs. H. S. Crosby; President, Mrs. J. L. O'Shaughnessy; First Vice-President, Miss K. McCallum; Second Vice-President, Miss J. Williamson; Corr. Secretary, Miss M. Maloney, Ste. 3, Dussault Blk., Aulneau St.; Rec. Secretary, Miss E. Green; Treas., Miss J. Archibald; Archivist, Miss C. Code; *Committee Conveners*: *Social*, Miss A. Metcalfe; *Membership*, Mrs. J. Howden; *Visiting*, Miss A. Danilovitch; *Press*, Miss E. H. Margarson; *Representative* to: *M.A.R.N.*, Miss M. Wilson; *The Canadian Nurse*, Miss B. Bodie; *Directory Committee of M. A. R. N.*, Miss C. Ward; *Local Council of Women*, Mrs. E. Van Buren.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss F. McLeod; Vice-President, Miss D. Henderson; Secretary, Miss G. Barnes; Corresponding Secretary, Mrs. J. Carter, 39 Major Drive, St. Vital; Treasurer, Miss D. Ditchfield, Children's Hospital; *Committee Convener*: *Entertainment*, Mrs. A. Deacon.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister Ste. Bertha; President, Miss D. Bateman; Vice-President, Miss M. Ego; Sec., Miss L. Finlay, 23 Fairhaven Apts.; Treas., Miss E. Frye; *Chairman, Executive Committee*, Miss E. Shouldice; *Committee Conveners*: *Visiting*, Miss C. Bodin; *Refreshment*, Miss S. O'Brien; *Directory*, Miss V. Blaine; *Publicity Agent*, Miss H. Hilton.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss Helen Smith, Winnipeg General Hospital; Corresponding Secretary, Miss H. Ross, 47 Dunbar Apts., Furby St.; Treasurer, Miss L. A. Warner, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: *Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss J. Moody, 76 Walnut St.; Assistant Editor, Miss H. Miller; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative to The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Honorary President, Miss E. J. Mitchell; President, Mrs. A. L. Donovan; First Vice-

President, Miss Belle Howe; Second Vice-President, Miss Susanne Hartley; Secretary, Miss M. L. Crossman, Saint John General Hospital; Treasurer, Miss R. Wilson, Saint John General Hospital; *Executive Committee*: Misses M. Murdoch, Miss J. Hemphill, F. Congdon, B. Thomas, Mmes. G. Brown, H. Ellis.

A.A., L.P. Fisher Memorial Hospital, Woodstock

President, Mrs. W. B. Manzer; Vice-President, Mrs. W. G. Slipp; Secretary, Mrs. Frank Hanson, Connell St. Woodstock; Treasurer, Mrs. Kenneth Hayden; *Executive Committee*: Mrs. Fulton, Mrs. Wort, Miss Parker.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners*: *Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *Representative to The Canadian Nurse*, Miss C. MacKinnon.

A.A., Halifax Infirmary, Halifax

President, Mrs. A. Chaisson, 127 Windsor St.; Vice-President, Miss Beatrice Foley, Halifax Infirmary; Treasurer, Miss D. Turner, 115 Cedar St.; Secretary, Miss Mary Archer, Halifax Infirmary; *Committee Conveners*: *Visiting*, Mrs. H. Power; *Entertainment*, Mrs. L. A. McManus; *Press Representative*, Miss M. Kathleen McDonell, 113 Dresden Row.

A.A., Victoria General Hospital, Halifax

President, Miss Miriam Ripley, 303 Morris St.; Vice-Pres., Miss Alma Power; Treasurer, Miss Maude McLellan; Secretary, Miss Muriel Graham, 71 Jubilee Road; *Committee Conveners*: *Entertainment*, Miss Geraldine Flick; *Refreshments*, Mrs. K. Ritchie; *Visiting*, Misses S. MacLeod, V. Dauphinee; *Private Duty*, Miss Hazel Harrison.

ONTARIO

A.A., Belleville General Hospital, Belleville

President, Miss M. A. Fitzgerald; First Vice-Pres., Miss E. Wright; Second Vice-Pres., Miss D. Williams; Secretary, Miss E. Sullivan, 68 Yeomans St.; Treasurer, Mrs. J. I. Benny; *Councillors*: Misses H. Collier, B. Allen; *Flower Committee*: Miss E. Long; *Representative* to *The Canadian Nurse*: Miss M. McIntosh.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President, Miss H. D. Muir; Vice-President, Mrs. W. E. Riddolls; Secretary, Miss E. M. Read, Brantford General Hospital; Assistant Secretary, Miss M. Nichol; Treasurer, Miss D. H. Arnold; *Committee Conveners*: *Social*, Mrs. A. D. Riddell; *Assistant Social*, Miss R. Moffatt; *Flower*, Miss M. Peirce; *Gift*, Mrs. J. Davison, Miss M. Patterson; *Representative to The Canadian Nurse and Press*, Mrs. B. Claridge.

A.A., Brockville General Hospital, Brockville

Honorary President, Miss Edith Moffatt; President, Mrs. Mae White; Vice-President, Miss Maude Arnold; Secretary, Miss Helen Corbett, 127 Pearl St. W.; Assistant Secretary, Mrs. Earle Finlay; Treasurer, Mrs. H. Vandusen; Representative to *The Canadian Nurse*, Miss M. Gardiner, 141 Pearl St. W.

A.A., Public General Hospital, Chatham

Hon. President, Miss Priscilla Campbell; President, Miss Thelma Mosey; First Vice-President, Miss Alma Jennings; Second Vice-President, Miss L. Stringer; Recording Secretary, Miss Dorothy Thomas; Corresponding Secretary, Miss A. McKenzie; Treasurer, Miss Winnifred Fair.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother M. Theodore; Hon. Vice-Pres., Sister M. Consolata; Pres., Miss L. O'Neil; First Vice-Pres., Mrs. C. Salmon; Second Vice-Pres., Miss C. Borman; Sec.-Treas., Miss M. Ellis; Corr. Sec., Miss E. Wright, 222 Selkirk St.; *Executive*: Misses M. Kearns, M. Doyle, Mrs. R. Watson, Miss I. Poissant; *Representative to*: R. N.A.O., Miss L. Pettypiece; to *The Canadian Nurse*, Miss L. McGrail.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. J. Boldick; President, Mrs. H. Wagoner; First Vice-President, Miss Mary Wynne; Second Vice-President, Miss Ruby Barton; Secretary-Treasurer, Miss Lena Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss Cora Droppo.

A.A., Galt Hospital, Galt

Hon. President, Miss E. Moffatt; President, Miss A. McDonald; Vice-President, Miss J. Bell; Secretary, Miss E. Hughes, Galt General Hospital; Assistant Secretary, Miss F. Cole; treasurer, Miss E. Hopkinson; *Flower Convener*, Miss E. Deagle; *Press Representative*, Miss J. Gilchrist.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss L. Ferguson; First Vice-Pres., Miss N. Kenney; Second Vice-Pres., Miss M. Dent; Sec., Miss L. Sinclair, General Hospital, Guelph; Treas., Miss M. Wood; *Committee Conveners*: *Programme*, Miss K. Cleghorn; *Social*, Mrs. Steele; *Representative* to *The Canadian Nurse*, Miss A. Smith.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 139 Delhi St.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss E. Bingeman; First Vice-President, Miss E. Bell; Second Vice-President, Miss M. Watt; Recording Secretary, Miss I. Mayall; Corresponding Secretary, Miss C. G. Inrig, Hamilton General Hospital; Treasurer, Miss N. Coles; Secretary-Treasurer, Mutual Benefit Association, Miss G. Coulthart; *Committee-Conveners*: *Executive*, Miss M. Bain; *Programme*, Miss B. Aiken; *Flower and Visiting*, Mrs. Hess; *Budget*, Miss H. Aiken.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Sister M. Alphonsa; Hon. Vice-Pres., Sister M. Monica; President, Miss E. Quinn; Vice-Pres., Miss D. Long; Secretary, Miss L. Curry, 52 North Oval St.; Treasurer, Miss

M. Kelly: *Representatives*: to *R.N.A.O.*, Miss J. Morin; to *The Canadian Nurse*, Miss Elsie Harte, St. Joseph's Hospital.

A.A., Hôtel-Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. H. Lawlor; Vice-Pres., Mrs. V. Fallon; Sec., Miss Marion Flood, 120 Wellington St.; Treas., Mrs. H. McNeill; *Committee Conveners*: *Visiting*, Misses M. Murray, M. Boyer; *Executive* Mrs. L. Cochrane, Mrs. C. Carey, Mrs. Wm. Elder, Mrs. L. Ahearn, Miss K. McGarry; *Social* (*Convener*), Miss O. McDermott.

A.A., Kingston General Hospital, Kingston

Honorary President, Miss Louise D. Acton; President, Mrs. H. Hines; Vice-Presidents, Miss M. Blair, Mrs. J. C. Spence; Secretary, Miss Mae Porter, 242 University Ave.; Treasurer, Mrs. C. W. Mallory, 420 Earl Street; Press Representative, Miss H. Timmerman.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Honorary President, Miss K. Scott; President, Miss C. Mulholland; First Vice-President, Mrs. Gimbel; Secretary, Miss A. Lambert, 1 Krug Street; Assistant Secretary, Mrs. McCullough; Treasurer, Miss E. Ellacott.

A.A., Ross Memorial Hospital, Lindsay

Honorary President, Miss E. Reid; President, Miss A. Flett; First Vice-President, Miss U. Cresswell; Second Vice-President, Miss M. Handley; Treasurer, Miss M. Stewart; Secretary, Miss Anna Roche, R. R. No. 2, Lindsay; *Committee Conveners*: *Flower*, Miss P. Reiley; *Programme*, Miss Jean McCulloch; *Refreshment*, Miss E. Lowe.

A.A., St. Joseph's Hospital, London

Hon. Presidents, Rev. Mother M. Patricia; Sister M. Ruth; President, Miss C. Godin; First Vice-Pres., Miss M. Kelly; Second Vice-Pres., Miss B. Farr; Corr. Secretary, Miss A. Conroy, 194 Cromwell St.; Rec. Secretary, Miss M. Graham; Treasurer, Miss O. O'Neill; *Representative* to: *Central Registry*, Misses M. Baker, M. Sullivan, C. Godin.

A.A., Victoria Hospital, London

Honorary President, Miss H. M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss Elsie Swetman; First Vice-President, Miss K. Coulter; Second Vice-President, Mrs. P. Scanlon; Recording Secretary, Miss A. Mallock; Corresponding Secretary, Miss M. Zimmer, 7 Ardagh Apts., 225 Queen's Ave.; Treasurer, Mrs. B. Ellyatt; Press Representatives, Miss Nadiger, Miss I. Pegg.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. President, Miss M. Park; President, Miss A. Pirie; Hon. Vice-President, Miss M. Buchanan; First Vice-Pres., Miss V. Lichtenberger; Second Vice-Pres., Mrs. H. Mylchreest; Sec-Treas., Miss V. Sternall, 1448 Victoria Ave.; Corr. Sec., Miss M. LeMay; *Committee Conveners*: *Visiting*, Miss R. Livingstone; *Membership*, Miss J. McClure, *Educational*, Miss E. Quinn; *Representative* to *The Canadian Nurse*, Miss D. Scott.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Honorary Presidents, Miss E. Johnston, Miss O. Waterman; President, Miss J. Harper; Vice-President, Miss J. Quinton; Treasurer, Miss M. McCuaig; Recording Secretary, Miss I. Charters; Corresponding Secretary, Mrs. B. Slessor, 87 Elgin St.; *Board of Directors*: Miss S. Dudenhoffer, Miss M. McLelland, Mrs. C. G. Kirkpatrick.

A.A., Oshawa General Hospital, Oshawa

Hon. President, Miss E. MacWilliams; President, Miss M. Chappell; First Vice-Pres., Mrs. R. Nesbitt; Second Vice-Pres., Miss A. Sonley; Sec., Miss B. Gay, Courtice, Ont.; Assist. Sec., Miss A. Twilley; Corr. Sec., Miss B. Goyne; Assist Corr. Sec., Miss M. Brown; Treas., Miss B. Cryderman, 16 Yonge St.; *Representative* to *The Canadian Nurse*, Miss A. Sonley.

A.A., Lady Stanley Institute (Incorporated 1915) Ottawa

Hon. President, Miss M. A. Catton; Hon. Vice-Presidents, Mrs. W. S. Lyman, Miss F. Potts; President, Miss Mabel M. Stewart; Vice-Pres., Miss C. Pridmore; Secretary, Miss M. S. Ingram, Royal Ottawa Sanatorium; Treas., Mrs. N. Halkett; *Board of Directors*: Mrs. G. C. Bennett, Misses J. Blyth, E. McColl, L. Belfort; *Committee Convenors*: *Flower*, Miss C. Stewart; *The Canadian Nurse*, Mrs. V. Boles; *Press*, Miss J. McEwen; *Representatives to Central Registry*: Miss M. Slinn, Miss E. Curry.

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss E. Pepper; First Vice-Pres., Miss M. Downey; Second Vice-Pres., Miss D. C. Pitkethly; Secretary, Miss G. Wilson; Corr. Sec., Miss M. Morgan, 275 Powell Ave.; Treasurer, Miss D. Johnston, 98 Holland Ave.; *Councillors*: Misses B. Jackson, B. Graydon, D. Ogilvey, D. Dent, G. Ferguson; *Committee Conveners*: *Flower*, Miss F. Cripps; *Visiting*, Miss L. Barry; *Press*, Miss K. McLean; *Representatives to the Central Registry*: Misses M. Cameron, L. Boyle, D. Kelley, E. Mulligan, R. Alexander.

A.A., Ottawa General Hospital, Ottawa

Honorary President, Rev. Sister Flavie Domitille; President, Miss V. Belier; First Vice-Pres., Miss M. Landreville; Sec. Vice-Pres., Miss A. Proulx; Secretary-treasurer, Miss J. Stock, 390 Chapel Street; *Councillors*: Rev. Sister Flavie, Misses F. Nevins, L. Keeney, J. Robert, K. Bayley, E. Desormeaux; *Visiting Convener*, Miss G. Clarke; *Membership Secretary*, Miss I. Rogers; *Representatives* to: *The Central Registry*, Misses M. Landreville, F. Nevins; *The Canadian Nurse*, Miss M. Phillips.

A.A., St. Luke's Hospital, Ottawa

Hon. President, Miss E. Maxwell, O. B. E.; Pres., Miss Norma Lewis; Vice-Pres., Miss Mary Nelson; Secretary, Miss Grace Woods, 27 Roseberry Ave.; Treasurer, Miss D. Brown; *Committee Conveners*: *Press*, Mrs. John Powers; *Programme*, Misses P. Watt, M. Hewitt; *Refreshments*, Mrs. Small, Misses M. McLaren, I. Johnston; *Nominating*, Misses M. Heron, S. Carmichael, M. Sproule; *Flowers*, Misses M. Wilson, I. Allan; *Representatives* to: *Central Registry*, Misses M. Hewitt, M. Ross; *The Canadian Nurse*, Miss M. Drummond.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Hon. Presidents, Miss R. M. Beamish and

Miss Webster; President, Miss M. Sehl; First Vice-Pres., Miss R. Ellis; Second Vice-Pres., Mrs. C. W. Johnston; Sec.-treas., Miss V. Sinclair, 658 2nd Ave. W.; Assist. Sec-treas. and Press Representative, Miss A. Cameron, 1220 3rd Ave. W.; *Committee Conveners: Programme*, Miss G. Brown; *Refreshment*, Mrs. McMillan; *Purchasing, Ways and Means*, Miss A. Robinson; *Flower*, Miss M. Cruickshank; *Telephone*, Mrs. R. Dawkes, Miss E. McDonald; *Representative to R. N. A. O.*, Miss C. Metcalfe.

A.A., Nicholls Hospital, Peterborough

Hon. President, Mrs. E. M. Leeson; President, Mrs. F. E. A. Brackenridge; First Vice-President, Miss F. Vickers; Second Vice-President, Miss H. Russell; Secretary, Miss D. Everson, 850 George St.; Treasurer, Miss H. Bradley, 758 George St.; Corresponding Secretary, Miss M. Beavis, 406 Sheridan St.

A.A., St. Joseph's Hospital, Port Arthur

Honorary Presidents, Rev. Mother Dympna, Rev. Sister Melanie; President, Mrs. Wm. Geddes; Vice-President, Miss Cecilia Kelly; Secretary, Miss Nina Chambers, 218 Lower Tupper St.; Treasurer, Miss Vera Belluz.

A.A., Sarnia General Hospital, Sarnia

Hon. President, Miss D. Shaw; President, Mrs. M. Elrick; Vice-Pres., Miss J. Paul; Sec., Miss M. Smith; Treas., Miss A. Rogers; *Committee Conveners: Flower and Visiting*, Miss B. MacFarlane; *Room*, Miss B. MacFarlane; *Programme*, Miss B. MacFarlane; *Social*, Miss O. Banting; *Press Representative*, Miss O. Banting.

A.A., Chambers Memorial Hospital, Smiths Falls

Hon. President, Miss M. F. Bliss; Hon. Vice-President, Miss M. Clark; Pres., Mrs. Grant Gray; Vice-Pres., Mrs. A. McCaw; Sec.-Treas., Miss G. Gore, Public Hospital; *Committee Conveners: Social*, Mmes. H. Johnston, W. Leeson, H. Scott, Misses M. Hart, A. Campbell; *Flower*, Mrs. A. Weston, Misses M. Finley, G. Whiten.

A.A., Stratford General Hospital, Stratford

Hon. President, Miss A. M. Munn; President, Miss E. Doupe; Vice-President, Miss C. Patterson; Secretary-Treasurer, Miss C. Attwood, 119 Wellington Street; *Committee Conveners: Social*, Miss H. Prouse, Miss M. McKenzie, Miss A. Halliday; *Flower*, Miss M. Derby.

A.A., Mack Training School, St. Catharines

Hon. Presidents, Misses Hughes, Kelman, Wright; Pres., Miss N. Hodgins; First Vice-Pres., Miss F. McArter; Second Vice-Pres., Miss D. Lindsay; Sec., Miss M. Slingerland, Leonard Nurses' Home; Treas., Miss G. Lewis; *Committee Conveners: Social*, Miss E. Fischer; *Visiting*, Miss A. Hoare; *Programme*, Miss N. Nold; *Representative* to *The Canadian Nurse*, Miss E. Purton; *Correspondent*, Miss S. Murray.

A.A., Amasa Wood Memorial Hospital, St. Thomas

Honorary President, Miss J. Wilson; Honorary Vice-President, Miss M. Smith; President, Miss Irma Precious; First Vice-President, Miss F. York; Second Vice-President, Miss E. Bérubé; Recording Secretary, Miss H. Hastings; Corresponding Secretary, Miss Etta Dodds; Treasurer, Miss J. Underhill; *Representative*: to *The Canadian Nurse*, Miss E. January; to *R.N.A.O.*, Miss Mary May.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. President, Miss Pearl Morrison; President, Miss I. Weeks; Vice-President, Miss Norma McLeod; Recording Secretary, Miss Phyllis Lawrence, 130 Dunn Ave.; Corresponding Secretary, Miss Olive Vaughn, 130 Dunn Ave., Treasurer, Miss I. Lucas, 130 Dunn Ave.; *Social Convener*: Miss D. Whetstone.

A.A., Hospital for Sick Children, Toronto

Hon. Presidents, Miss Potts, Mrs. Goodson, Miss Panton; Hon. Vice-President, Miss P. B. Austin; President Miss J. Masten; First Vice-President, Miss Waddell; Second Vice-President, Mrs. Donald Bray; Corresponding Secretary, Miss Harriet McGeary, Apt. 1, 349 St. Clair Ave. W.; Recording Secretary, Miss Doris Kelly; Treasurer, Miss Hazel Elliot, H. S. C. Country Branch R. R. 3, Weston.

A.A., Riverdale Hospital, Toronto

President, Miss E. Goudge; First Vice-President, Miss G. Gastrell; Second Vice-President, Miss M. Thompson; Secretary, Mrs. H. Meen, 213 Keele St.; Treasurer, Miss J. Phillips; *Committee Conveners: Programme*, Miss Mathieson; *Visiting*, Miss Jean Morris; *Press and Publication*, Miss E. Betteridge; *Representative to R.N.A.O.*, Miss H. Waring.

A.A., St. John's Hospital, Toronto

Hon. President, Sister Beatrice; President, Miss M. Creighton; First Vice-Pres., Miss M. Martin; Second Vice-Pres., Miss V. Mountain; Rec. Secretary, Miss B. Weale; Corresponding Secretary, Miss L. Richardson, 39 Berwick Ave.; Treasurer, Miss F. Young; *Committee Conveners: Social*, Miss A. Greenwood; *Flower*, Miss A. Davis; *Press*, Miss J. Vanderwell.

A.A., St. Joseph's Hospital, Toronto

Hon. President, Rev. Sr. M. Electra; Pres., Miss L. Boyle; Vice-Pres., Mrs. O'Reilly; Rec. Sec., Miss M. Landoni; Corr. Sec., Miss H. Malone, 69 Gilmour Ave.; Treas., Miss C. McQuillan; *Councillors*; Misses L. Dunbar, L. Odette, A. Porritt, M. Griffin; *Representatives*: to *Central Registry*, Miss M. Fuller, T. Currie; to *R.N.A.O.*, Miss C. McQuillan.

A.A., St. Michael's Hospital, Toronto

Hon. President, Rev. Sr. Norine; Hon. Vice-Pres., Rev. Sr. Jeanne; President, Miss Helen Hyland; First Vice-Pres., Miss R. Grogan; Sec. Vice-Pres., Miss H. Kerr; Treas., Miss M. Pilon; Corr. Sec., Miss A. McNamara, 119 Wellesley Crescent; Rec. Sec., Miss M. Foreman; *Councillors*: Misses M. Solheld, M. Brennan, M. Berger, M. Hughes; *Committee Convener*: Press, Miss M. McDonald; Editor of Magazine, Miss E. Van Lane; *Representatives to*: *Public Health Section*, Miss H. Cronin; *Nursing Education Section*, Miss M. McDonell; *the Registry*, Misses R. Grogan, A. Romano.

A.A., School of Nursing, University of Toronto, Toronto

Hon. President, Miss E. K. Russell; Hon. Vice-President, Miss F. Emory; President, Mrs. W. Geo. Hanna; Secretary, Miss Jean Lenak, 79 Lowther Ave.; Treasurer, Miss Helen Carpenter; *Committee Conveners: Special Fund*, Miss L. Gamble; *Programme*, Miss D. Percy; *Membership*, Miss E. Greenwood; *Social*, Miss M. Gorstige.

A.A., Toronto General Hospital, Toronto

Hon. President, Miss Jean I. Gunn; President, Margaret Dulmage; First Vice-Pres., Mrs. E. S. Jeffrey; Sec. Vice-Pres. Miss E. Strachan; Sec.-Treas., Mrs. R. F. Chisholm, 138 Chiltern Hill Road; *Councillors*: Miss M. Porter, Miss Z. Creeden, Miss E. Hendry, Miss M. Fry; *Committee Conveners*: *Programme*, Miss M. Winter; *Social* Miss K. Graham; *Flower*, Miss E. Forgie; *Press*, Miss E. Hollinger; *"The Quarterly"*, Miss Agnes Neill; *Archivist*, Miss J. M. Kniseley.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Honorary President, Miss E. MacLean; President, Mrs. S. J. Copper; Secretary, Miss Margaret Morrison, 470 Strathmore Blvd.; Treasurer, Miss Marjorie Hall, 357 Glebeholme Ave.; *Committee Convener*: *Programme*, Mrs. MacLean; *Representative* to: *R. N. A. O.*, Miss Hardy.

A.A., Toronto Western Hospital, Toronto

Hon. Presidents, Miss B. Ellis, Mrs. Currie; President, Miss G. Sharpe; Vice-President, Miss M. Tunbridge; Corresponding Secretary, Miss S. McCallum, Toronto General Hospital; Recording Secretary, Miss B. McCutcheon; Treasurer, Miss Helen Stewart, Toronto Western Hospital; *Representative* to *The Canadian Nurse*, Miss H. McConnell.

A.A., Wellesley Hospital, Toronto

Hon. President, Miss E. Jones; President, Miss K. Layton; First Vice-Pres., Miss G. Bolton; Second Vice-Pres., Miss J. Campbell; Corresponding Secretary, Miss M. Stanton, 13 Simpson Ave.; Recording Secretary, Miss F. Little; Treasurer, Miss H. Harris; *Representative to The Canadian Nurse and Press*, Miss M. Henry.

A.A., Women's College Hospital, Toronto

Honorary President, Mrs. Bowman; Honorary Vice-President, Miss H. Melkiejohn; President, Miss D. Macham, Women's College Hospital; Secretary, Miss Margaret Miles, Women's College Hospital; Treasurer, Miss Marguerite Free, 48 Northumberland Street.

A.A., Grace Hospital, Windsor

Hon. President, Major A. M. Brett; President, Mrs. James Dix; Vice-President, Miss E. Campbell; Treasurer, Mrs. E. Sandeman; Secretary, Captain M. West, Grace Hospital; *Editor, Alumni Journal*, Captain G. Barker.

A.A., Hôtel Dieu, Windsor

Honorary President, Rev. Mother Marie; President, Miss C. Jones; First Vice-Pres., Miss E. Marentette; Second Vice-Pres., Miss A. Vaughan; Secretary, Miss B. Bueglet, 1088 Pelissier St.; Treasurer, Miss L. Arseneault; *Committee Conveners*: Miss M. Fenner, Rev. Sister Govin, Rev. Sister Prieur; *Representative* to *The Canadian Nurse*, Miss M. Perrin.

A.A., General Hospital, Woodstock

Hon. Presidents, Miss Francis Sharpe, Miss Helen Potts; Pres., Miss K. Start; Vice-Pres., Miss F. Blyth; Sec., Miss H. Kennedy; Assist. Sec., Miss E. Watson; Treas., Miss Jean Kelly; Assist. Treas., Miss N. Smith; Corr. Sec., Miss Mildred Woolley, 177 Hunter St.; *Committee Conveners*: *Social*, Mrs. L. Tyler; *Programme*, Miss D. Walz; *Flower and Gift*: Miss Reiner, Miss Cook.

QUEBEC

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Miss A. S. Kinder, Miss E. Alexander; President, Miss R. Wilkinson; Vice-President, Miss J. Cochrane; Secretary, Miss B. Fox, Children's Memorial Hospital; Treasurer, Miss E. Collins; *Committee Conveners*: *Social*, Miss H. Nuttall; *Visiting*, Miss M. Collins; *Representative* to: *Private Duty Section*, Miss B. Hogue; *The Canadian Nurse*, Miss G. R. Murray.

A.A., Homeopathic Hospital, Montreal

President, Miss M. Fox; First Vice-President, Mrs. Retallack; Second Vice-President, Miss M. Bright; Secretary, Miss A. Rutherford, Apt. 12, 2050 Decarie Blvd.; Treasurer, Miss L. Atholstan; *Representatives*: to *Sick Benefit Society*, Mrs. J. Warren (Convener); to *The Canadian Nurse*, Miss B. Jaques.

A.A., Lachine General Hospital, Lachine

Honorary President, Miss M. L. Brown; President, Miss J. C. McKee; Vice-President, Mrs. Balmain; Secretary-Treasurer, Miss S. McFadyen; *Executive Committee*: Miss B. Lapierre, Miss M. McNutt; *Representative* to *Private Duty Section*, Miss R. Goodfellow.

L'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame, Montréal

President, Miss Effie Lepage; First Vice-President, Miss Flore Dufresne; Treasurer, Miss Rose Des Rosiers; Recording Secretary, Miss Jeanne Parenteau; Corresponding Secretary, Miss Evelyne Gauvin, 3960 St. Hubert, Apt. 4; Assistant Secretary, Miss Rachel Piché; *Councillors*: Misses Germaine Poirier, Elaine Chopin, Aurore Desrosiers, Jeanne Lacroix.

A.A., Montreal General Hospital, Montreal

Hon. Presidents, Miss J. Webster, O. B. E., Miss N. Tedford, Miss F. E. Strumm; Hon. Treasurer, Miss H. Dunlop; President, Miss M. S. Mathewson; First Vice-President, Miss C. Anderson; Second Vice-President, Miss M. Long, Recording Secretary, Miss A. Peverley; Corresponding Secretary, Mrs. J. E. Gillespie, 14 Anwoth Road, Westmount; Treasurer, Miss I. Davies; *Committees*: *Executive*: Misses M. K. Holt, B. Birch, I. Welling, M. MacDonald, P. Snow; *Programme*: Misses I. Davies, M. Batson; *Refreshments*: Miss M. Bunbury (convener), Misses P. Walker, H. Case, H. Miller, Mac Laughlin, Snider; *Visiting*, Misses C. Watling, J. MacRae; *Representatives*: to *Private Duty Section*, Misses MacWhirter, I. Lamplough, Alcombrack; to *Local Council of Women*, Misses G. H. Colley, A. Costigan; to *The Canadian Nurse*, Miss M. K. Holt.

A.A., Royal Victoria Hospital, Montreal

Hon. Presidents, Miss Draper, Miss Goodhue; President, Miss G. Martin; First Vice-President, Miss E. C. Flanagan; Second Vice-President, Miss E. Reid; Recording Secretary, Miss H. M. Sharpe; Secretary-Treasurer, Miss H. M. Eberle, Royal Victoria Hospital; *Members of Executive*: Miss M. Etter, Miss B. Campbell, Miss J. MacKay, Miss J. Rutherford, Mrs. H. A. Clark, Mrs. A. F. Robertson; *Committee Conveners*: *Finance*, Miss B. Campbell; *Programme*, Miss R. Fellowes; *Refreshments*, Miss E. Neilson; *Visiting*, Mrs. H. A. Paice; *Current Events*, Miss J. MacLaren; *Representatives* to: *Private Duty Sec-*